

IN THE UNITED STATES DISTRICT COURT  
FOR THE EASTERN DISTRICT OF MISSOURI  
EASTERN DIVISION

IAN WALLACE,

Plaintiff,

vs.

PHARMA MEDICA RESEARCH,  
INC.,

Defendants.

No. R4:18-cv-1859 PLC

DEPOSITION OF

HEATHER JORDAN, M.D.

Taken on behalf of Plaintiff

July 30, 2019

Reporter: Kimberly A. Harris, CSR

MAY REPORTING SERVICE  
598 Watch Hill Road  
Collinsville, Illinois 62234  
618-223-8392

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A P P E A R A N C E S

Wendler Law, P.C.

By: Brian Wendler, Esq.

For the Plaintiff

Hinshaw & Culbertson LLP

By: Terese A. Drew, Esq.

For the Defendants

Also Present:

Ian Wallace, Plaintiff

Dr. Shabaz Khan, via telephone

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I N D E X O F E X A M I N A T I O N S  
P A G E L I N E

Examination by Mr. Wendler..... 6 6

I N D E X O F E X H I B I T S  
P A G E L I N E

Plaintiff's Exhibit No. 1..... 20 16  
Plaintiff's Exhibit No. 2..... 28 7  
Plaintiff's Exhibit No. 3..... 71 15  
Plaintiff's Exhibit No. 4..... 75 9  
Plaintiff's Exhibit No. 5..... 115 4  
Plaintiff's Exhibit No. 6..... 123 24

I N D E X O F C E R T I F I E D Q U E S T I O N S  
P A G E L I N E

1. Certify..... 115 10  
2. Certify..... 119 22  
3. Certify..... 122 8  
4. Certify..... 123 6

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S T I P U L A T I O N

IT IS STIPULATED AND AGREED by and between  
counsel for Plaintiffs and counsel for Defendants  
that the deposition of HEATHER JORDAN, M.D., may be  
taken pursuant to Rule 26(a) of the Federal Rules of  
Civil Procedure on behalf of the Plaintiff, on July  
30, 2019 at the offices of Hinshaw & Culbertson LLP,  
701 Market Street, Suite 1375, St. Louis, Missouri,  
63101, before Kimberly A. Harris, a Certified  
Shorthand Reporter and Notary Public within and for  
the County of Madison, State of Illinois; that the  
issuance of notice and dedimus is waived, and that  
this deposition may be taken with the same force and  
effect as if all statutory requirements had been  
complied with.

IT IS FURTHER STIPULATED AND AGREED that any  
and all objections to all or any part of this  
deposition except objections as to the form of the  
question are hereby reserved and may be raised on the  
trial of this cause; and that the signature of the  
deponent is not waived.

\* \* \* \* \*

HEATHER JORDAN, M.D.,

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PLAINTIFF'S  
EXHIBIT

1 a witness, having been first duly sworn upon oath by  
2 the court reporter, testified as follows:  
3 [EXAMINATION]  
4 **QUESTIONS BY MR. WENDLER:**  
5 Q. I'll hand this back to you, Doctor.  
6 Okay. Can you state your full name for  
7 us, please?  
8 A. **Heather Renee Jordan.**  
9 MS. DREW: Dr. Khan, can you hear  
10 okay?  
11 DR. KHAN: Yes, I can hear, but  
12 thank you for asking.  
13 Q. (BY MR. WENDLER) Dr. Jordan, what, if  
14 anything, did you do to prepare for this deposition  
15 today?  
16 A. **I reviewed the documents here briefly. I**  
17 **reviewed the blood -- blood drawing SOP from Pharma**  
18 **Medica.**  
19 Q. Is that in that pile that is there to your  
20 right?  
21 A. **I believe so, sir.**  
22 Q. Okay.  
23 A. **I know there's SOPs in here.**  
24 Q. Can you slide that pile over to me real

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1 quick?  
2 MR. WENDLER: For the record, the  
3 pile mille is Bates numbered PMRI 00001 through  
4 005666.  
5 Q. (BY MR. WENDLER) Is there anything else  
6 that you reviewed, Doctor, to prepare for this  
7 deposition? Sorry.  
8 A. **Other than just a phone call last week,**  
9 **that was it.**  
10 Q. All right. Phone call with the attorney?  
11 A. **Yes.**  
12 Q. Okay. And how long did that phone call  
13 last?  
14 A. **About an hour.**  
15 Q. Okay. And during that phone call, did you  
16 review anything, or just verbal?  
17 A. **Just verbal.**  
18 Q. Okay. Now, have you hired your own lawyer  
19 for this case?  
20 A. **No.**  
21 Q. Okay. Have you ever testified in a  
22 deposition or a trial before?  
23 A. **Yes.**  
24 Q. How many times, and what are the details?

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1 A. **One deposition from my office in Hazelwood**  
2 **when I worked for Mercy Medical Group.**  
3 Q. What were the circumstances of why you  
4 were being deposed?  
5 A. **One of my patients was in a car accident,**  
6 **and there was just some questions about the extent of**  
7 **the car accident.**  
8 Q. So you were testifying as a treating  
9 physician?  
10 A. **Yes.**  
11 Q. You've never been sued before; have you?  
12 A. **I have.**  
13 Q. How many times?  
14 A. **Twice.**  
15 Q. And you never testified in either of those  
16 cases?  
17 A. **No.**  
18 Q. Either of those cases still pending?  
19 A. **No.**  
20 Q. Did you bring any records with you to the  
21 deposition pursuant to the Deposition Notice?  
22 A. **No.**  
23 Q. Did you see the Deposition Notice?  
24 A. **I did.**

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1 Q. Do you have any of the records that were  
2 requested?  
3 A. **I have no records.**  
4 Q. What is today? July 30th, 2019. When did  
5 you first learn that we wanted to take your  
6 deposition, ma'am?  
7 A. **Earlier this month.**  
8 Q. Okay. Mr. Wallace is sitting here to my  
9 right. But do you have an independent recollection  
10 of him, outside of reading through the records?  
11 A. **I remember him from our studies.**  
12 Q. You do? Okay.  
13 A. **Uh-huh.**  
14 Q. Okay. I guess before we go any further,  
15 do you have any opinions as it pertains to this case,  
16 or Mr. Wallace's participation in the studies at  
17 Pharma Medica? Do you have any opinions at all at  
18 this point?  
19 A. **I guess I don't quite understand the**  
20 **question.**  
21 Q. Well, it's --  
22 A. **An opinion?**  
23 Q. It's intended to be open-ended. So, you  
24 can tell me any opinion that you have with respect to

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<p>1 Ian Wallace, or his contraction of Hepatitis C or his 2 treatment in general. Any opinions at all that you 3 have?</p> <p>4 A. It's such a general question. I mean, we 5 had a wide variety of subjects. I remember Ian from 6 our studies. I remember the -- the circumstances of 7 his -- of his last study. I don't know that I have 8 strong opinions about, you know, other than just 9 remembering what happened.</p> <p>10 Q. Okay.</p> <p>11 A. I know Pharma Medica's operational 12 procedures.</p> <p>13 Q. Okay.</p> <p>14 A. I can't imagine how you would get 15 Hepatitis C at our facility. I don't know that I 16 have any other opinions.</p> <p>17 Q. Okay. Is it your opinion -- Well, let me 18 ask it this way: Do you have an opinion as to 19 whether or not Mr. Wallace contracted Hepatitis C 20 through participation in any studies at Pharma 21 Medica? Do you have an opinion either way?</p> <p>22 A. We used standard precautions. We use new, 23 fresh needles. I do not believe he contracted 24 Hepatitis C at our facility.</p> <p style="text-align: right;">9</p> <p style="text-align: center;">May Reporting Service</p>	<p>1 fact, have Hepatitis C?</p> <p>2 A. Yes.</p> <p>3 Q. Okay. Okay. You understand that you're 4 not a defendant in this lawsuit; right?</p> <p>5 A. Yes.</p> <p>6 Q. What is your home address, ma'am?</p> <p>7 A. 515 Possum Trot Road.</p> <p>8 Q. Is that in Bug Tussle?</p> <p>9 A. O'Fallon, Missouri.</p> <p>10 MR. WENDLER: I think you got that 11 one. But you're probably not old enough.</p> <p>12 Q. (BY MR. WENDLER) Do you know what Bug 13 Tussle is?</p> <p>14 A. No, sir.</p> <p>15 Q. Did you ever watch the Beverly 16 Hillbillies?</p> <p>17 A. A long time ago.</p> <p>18 Q. Okay. Your education and training, ma'am, 19 let's switch subjects, and go to that. Where did you 20 graduate from med school?</p> <p>21 A. UMKC.</p> <p>22 Q. When?</p> <p>23 A. 2000.</p> <p>24 Q. Where are you from originally?</p> <p style="text-align: right;">11</p> <p style="text-align: center;">May Reporting Service</p>
<p>1 Q. Are you saying it's not possible that he 2 contracted Hepatitis C through his participation in 3 the studies at Pharma Medica, or just not likely?</p> <p>4 A. Well, that's why we have standard 5 precautions so that we all follow the same 6 procedures. So that we wear gloves. You use a new 7 needles. New needles do not -- They've never been 8 used before. They're brand new. You don't get 9 Hepatitis C in that circumstance.</p> <p>10 Q. So, are you saying it's impossible for him 11 to have contracted Hepatitis C at the Pharma Medica 12 facility?</p> <p>13 A. I don't see how you can get Hepatitis C --</p> <p>14 Q. Okay.</p> <p>15 A. -- using clean needles.</p> <p>16 Q. That doesn't quite answer my question. 17 Are you saying it's not possible that he contracted 18 Hepatitis C at the Pharma Medica?</p> <p>19 A. I don't think it's possible.</p> <p>20 Q. Okay. Do you have an opinion as to how it 21 was Mr. Wallace did contract Hepatitis C?</p> <p>22 A. I don't know how he contracted Hepatitis 23 C.</p> <p>24 Q. Are you of the opinion that he did, in</p> <p style="text-align: right;">10</p> <p style="text-align: center;">May Reporting Service</p>	<p>1 A. O'Fallon, Missouri.</p> <p>2 Q. Where did you go to undergraduate?</p> <p>3 A. So, UMKC is a six year combined program 4 where you do your undergraduate and your medical 5 school together in six years.</p> <p>6 Q. Okay. Prior to working for Pharma Medica, 7 have you ever worked in a pharmaceutical testing 8 facility?</p> <p>9 A. No.</p> <p>10 Q. And when did you first start working for 11 Pharma Medica?</p> <p>12 A. March of 2015.</p> <p>13 Q. And when did you stop working there?</p> <p>14 A. My last day was towards the end of May 15 this year.</p> <p>16 Q. And why did you leave the employ of Pharma 17 Medica?</p> <p>18 A. Pharma Medica closed their St. Louis 19 location.</p> <p>20 Q. Okay. Did you leave on good terms?</p> <p>21 A. Yes.</p> <p>22 Q. Did you have a written contract when you 23 worked for Pharma Medica?</p> <p>24 A. I had a letter of employment.</p> <p style="text-align: right;">12</p> <p style="text-align: center;">May Reporting Service</p>

<p>1 Q. And that laid out the terms of your</p> <p>2 employment?</p> <p>3 A. Yes.</p> <p>4 Q. Did that letter get revised every year, or</p> <p>5 was it the same letter?</p> <p>6 A. It was the same one.</p> <p>7 Q. Now, in terms of how you were paid by</p> <p>8 Pharma Medica, was it a flat salary --</p> <p>9 A. Yes.</p> <p>10 Q. -- or did you get bonuses? Did you get</p> <p>11 incentive pay?</p> <p>12 A. It was a flat salary. One time we</p> <p>13 received a year-end bonus.</p> <p>14 Q. And what was that bonus based on, as you</p> <p>15 understood it?</p> <p>16 A. I don't -- I don't believe I was told what</p> <p>17 the basis of the bonus was.</p> <p>18 Q. Okay. Did you ever ask why there were no</p> <p>19 other year-end bonuses, other than the one year?</p> <p>20 A. No.</p> <p>21 Q. Did anyone ever tell you?</p> <p>22 A. No.</p> <p>23 Q. Did anyone ever tell you why you got the</p> <p>24 bonus for the one year?</p> <p style="text-align: right;">13</p> <p style="text-align: center;">May Reporting Service</p>	<p>1 Medical Group in Kansas City, Missouri from 2009 to</p> <p>2 2015.</p> <p>3 Q. And how did you find out about the Pharma</p> <p>4 Medica position?</p> <p>5 A. It was a job ad that I replied to.</p> <p>6 Q. Okay. And what prompted you to want to go</p> <p>7 to work for Pharma Medica?</p> <p>8 A. Just the climate of medicine had changed,</p> <p>9 and I wanted to do something different.</p> <p>10 Q. Okay. Was it an increase or a decrease in</p> <p>11 pay for you?</p> <p>12 A. That was part of it.</p> <p>13 Q. What was part of it?</p> <p>14 A. A decrease in pay.</p> <p>15 Q. It was a decrease for you to go to work</p> <p>16 for Pharma Medica?</p> <p>17 A. No. No, I'm sorry. A decrease in pay was</p> <p>18 part of my looking for some other place to work.</p> <p>19 Q. All right. So going to Pharma Medica</p> <p>20 increased your pay?</p> <p>21 A. Yes.</p> <p>22 Q. Can you tell me, percentage-wise, how</p> <p>23 much? Ball park's fine?</p> <p>24 A. I don't recall.</p> <p style="text-align: right;">15</p> <p style="text-align: center;">May Reporting Service</p>
<p>1 A. No.</p> <p>2 Q. Do you know if other people got bonuses</p> <p>3 that year, or was it just you?</p> <p>4 A. No. Other people got bonuses, as well.</p> <p>5 Q. Okay. Who determined what the bonuses</p> <p>6 were, and who got them? Do you know?</p> <p>7 A. I do not.</p> <p>8 Q. How did you find out about the bonus?</p> <p>9 A. When it was presented to me in my office.</p> <p>10 Q. And who presented it to you?</p> <p>11 A. Mo Yamlahi, he was the VP of our site.</p> <p>12 Q. You have to spell that for me.</p> <p>13 A. It's -- We always called him Mo, M-O, and</p> <p>14 Yamlahi, Y-A-M-L-A-H-I.</p> <p>15 Q. How did you find out about the -- Well,</p> <p>16 strike that,</p> <p>17 You graduated from UMKC medical school in</p> <p>18 2000; correct?</p> <p>19 A. Yes.</p> <p>20 Q. And you began working for Pharma Medica in</p> <p>21 2015. What did you do from 2000 to 2015?</p> <p>22 A. I was in residency from 2000 to 2003. And</p> <p>23 then I worked for Mercy Medical Group in Hazelwood</p> <p>24 from 2003 to 2009. Then I worked for St. Luke's</p> <p style="text-align: right;">14</p> <p style="text-align: center;">May Reporting Service</p>	<p>1 Q. Was that more than a 50-percent raise?</p> <p>2 A. No.</p> <p>3 Q. Okay.</p> <p>4 A. Maybe 10 percent. I -- I don't know</p> <p>5 that's that a hundred percent accurate. I wouldn't</p> <p>6 want to --</p> <p>7 Q. Okay. So, you read about the job, and you</p> <p>8 applied for it. And then what happened from there?</p> <p>9 Did you have an interview, or what happened?</p> <p>10 A. I had a phone interview with the VP of QA.</p> <p>11 Q. And who is that?</p> <p>12 A. At that time, it was Mary Stipanich.</p> <p>13 Q. Can you spell that one for us?</p> <p>14 A. I don't know if I can. I can give you my</p> <p>15 best estimate, S-T-I-P-A-N-I-C-H.</p> <p>16 Q. Okay. And after that, what happened?</p> <p>17 A. After that, I had an in-person interview</p> <p>18 with the C.E.O.</p> <p>19 Q. Is that Dr. Khan?</p> <p>20 A. No.</p> <p>21 Q. Who was that?</p> <p>22 A. Latifa Yamlahi.</p> <p>23 Q. Can you spell that one for us?</p> <p>24 A. L-A-T-I-F-A, and Y-A-M-L-A-H-I.</p> <p style="text-align: right;">16</p> <p style="text-align: center;">May Reporting Service</p>

1 Q. And then did Mr. Yamlahti offer you a job  
2 on the spot, or did you have to wait, or what  
3 happened next?  
4 A. **I was offered the position by Latifa that**  
5 **day.**  
6 Q. Okay. Let me ask you this, Dr. Jordan:  
7 You are familiar with the Hippocratic Oath; right?  
8 A. **Yes.**  
9 Q. Tell me, in your own words, what is the  
10 Hippocratic Oath?  
11 A. **That the needs of the patient come first,**  
12 **and that you don't do things to harm the patient.**  
13 **That's it's what the patient needs is primary.**  
14 Q. Okay. And you understand that your  
15 relationship with Mr. Wallace was not governed by the  
16 Hippocratic Oath because you were not a treating  
17 physician; is that correct?  
18 A. **I was not his treating physician.**  
19 Q. Okay.  
20 A. **But as principal investigator, subject**  
21 **safety is primary.**  
22 Q. Okay. So, you were governed by the  
23 Hippocratic Oath or not?  
24 A. **I see the Hippocratic Oath as a physician**

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1 **general, not excluded in research.**  
2 Q. Okay. So, the answer to my question is:  
3 You felt that you were obligated to adhere to the  
4 Hippocratic Oath while you were in charge of the  
5 studies at Pharma Medica?  
6 A. **Correct. Yes.**  
7 Q. All right.  
8 A. **Yes.**  
9 Q. Okay. The studies that we're here about,  
10 you know that there are two studies that are at issue  
11 in this lawsuit; right?  
12 A. **Yes.**  
13 Q. Is it okay if we refer to them as Study  
14 No. 1 and Study No. 2?  
15 A. **So, I would know them by the study**  
16 **numbers. So --**  
17 Q. Okay.  
18 A. **So the first study, No. 1, do you mean**  
19 **3952?**  
20 Q. That's exactly correct.  
21 A. **Okay.**  
22 Q. Would you prefer we refer to it as 3952?  
23 A. **Well, as long as we define that as Study**  
24 **No. 1, it can be study No. 1.**

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1 Q. That's perfect. And then Study No. 2  
2 would be 4109?  
3 A. **Yes.**  
4 Q. All right. We'll refer to that as Study  
5 No. 2. Is that okay?  
6 A. **Okay.**  
7 Q. Okay. The sponsors of those studies, do  
8 you know who they were? Starting with Study No. 1?  
9 A. **Study --**  
10 MS. DREW: And it's not a memory  
11 game. So, you can --  
12 Q. (BY MR. WENDLER) That's right. You can  
13 look at those records, if you need to.  
14 A. **Study No. 1 was Tris. I don't -- Let me**  
15 **check Study No. 2. I believe I know who study No. 2**  
16 **was. So, yes, I know who both the sponsors are.**  
17 Q. Was Tris No. 1?  
18 A. **Yes.**  
19 Q. And No. 2 was Roxane?  
20 A. **Yes.**  
21 Q. How many studies, other than those two,  
22 did you supervise or oversee when you were working  
23 for Pharma Medica?  
24 A. **I don't -- I couldn't give you an exact**

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1 **number. We did studies on a regular basis.**  
2 Q. Just give me your best estimate? You can  
3 give me a range, if that's easier for you.  
4 A. **I would guess I supervised at least a**  
5 **hundred studies in the time that I was there.**  
6 Q. Okay. Now, the studies that we're here  
7 about, Study No. 1 and Study No. 2, came with  
8 guidelines that the sponsors put out; correct?  
9 A. **What do you mean by guidelines?**  
10 Q. Well --  
11 (Whereupon, Plaintiff's  
12 Exhibit No. 1 was marked  
13 for identification by the  
14 court reporter.)  
15 Q. (BY MR. WENDLER) I'm going to show you  
16 what we'll mark as Exhibit 1.  
17 MS. DREW: Thank you.  
18 MR. WENDLER: You're welcome.  
19 Q. (BY MR. WENDLER) And this was part of the  
20 documents that you reviewed to prepare for the  
21 deposition today; correct?  
22 A. **Yes.**  
23 Q. This was what was supplied to us from  
24 Pharma Medica's attorneys as the study guidelines.

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1 And you see your signature on Page 2, Bates numbered  
2 00169?  
3 A. **So, we would call this the study protocol.**  
4 Q. The protocol? Thank you. So, each of  
5 those studies had a protocol that was provided by the  
6 sponsor; correct?  
7 A. **The protocol was written, and approved by**  
8 **the sponsor.**  
9 Q. Okay. And if you turn to Page 2, that's  
10 your signature; correct?  
11 A. **Yes.**  
12 Q. And it says, "I am aware of the  
13 information in this protocol, and agree to comply  
14 with all of the procedures contained therein."  
15 Correct?  
16 A. **Yes.**  
17 Q. Okay. What did you understand that to  
18 mean when you signed that?  
19 A. **That means that I will see that the study**  
20 **is conducted according to what is written in the**  
21 **protocol.**  
22 Q. Okay. And the protocol governs terms such  
23 as when blood is to be drawn; correct?  
24 A. **Yes.**

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1 Q. And it governs matters such as when the  
2 participants are supposed to have meals; correct?  
3 A. **Yes.**  
4 Q. Does it govern procedures such as when the  
5 participants are supposed to sleep, or does it vary  
6 study to study?  
7 A. **There's not typically a specific time when**  
8 **the protocol would tell a subject to sleep.**  
9 Q. Okay. Well, the study guidelines govern  
10 everything ranging from when the medication is to be  
11 administered to the time the blood is to be drawn and  
12 tested; is that correct?  
13 A. **That's correct.**  
14 Q. Does the study guidelines determine how  
15 the blood is to be drawn in terms of using a needle,  
16 or using a catheter?  
17 A. **Yes.**  
18 Q. Okay. Does the study -- Strike that.  
19 Do the study guidelines determine when the  
20 participants are to be re-tested, if necessary?  
21 A. **Re-tested for what?**  
22 Q. For anything?  
23 A. **The protocol isn't going to necessarily**  
24 **have a provision to re-test for anything. If there**

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1 **is a safety concern, then as a principal**  
2 **investigator, I'm able to order safety testing.**  
3 Q. Okay. And that would be in compliance  
4 with the protocol; right?  
5 A. **Yes.**  
6 Q. Okay. So, basically the protocol  
7 guidelines govern how the entire study is to be  
8 conducted; correct?  
9 A. **Correct.**  
10 Q. Okay. It determines how the participants  
11 are to be selected, as well; right?  
12 A. **Yes.**  
13 Q. And the pre-screening testing; right?  
14 A. **Yes.**  
15 Q. Okay. Do the study protocols determine  
16 what records are to be kept?  
17 A. **So, the records are kept according to the**  
18 **guideline of the regulatory authority.**  
19 Q. Okay.  
20 A. **Such as the F.D.A., or the E.M.A.**  
21 Q. Okay. And that's the only guideline for  
22 recordkeeping that you're aware of?  
23 A. **I believe that's in the ICH, as well, as**  
24 **far as duration of recordkeeping.**

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1 Q. What's ICH?  
2 A. **International Conference of Harmonization.**  
3 Q. Okay. Any other guidelines that pertain  
4 to recordkeeping that you're aware of for these  
5 studies?  
6 A. **Those are the main ones that I'm aware of.**  
7 Q. Are there any minor ones?  
8 A. **Well, Health Canada in Canada.**  
9 Q. Okay. Do the study sponsors have the  
10 right to have additional recordkeeping guidelines  
11 over and above what the other ones require? If you  
12 know?  
13 A. **I don't recall.**  
14 Q. Okay. Do the sponsors have the right to  
15 come in and conduct audits?  
16 A. **Yes.**  
17 Q. Do the sponsors have the right to come in  
18 and monitor the studies, if they want?  
19 A. **Yes.**  
20 Q. How about the -- Well, let me ask you  
21 this: I was told that there were video cameras at  
22 the Pharma Medica facility. Were you aware of those?  
23 A. **Yes.**  
24 Q. Were those video cameras operational?

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1 A. Yes.  
2 Q. Do you know if the sponsors have the right  
3 to observe the studies through the video feeds,  
4 through the video cameras at Pharma Medica?  
5 A. That I do not know.  
6 Q. Okay. Do you know if any of the sponsors  
7 -- I'm sorry.  
8 A. So, I'm trying to recall. I don't -- That  
9 was -- I don't believe that that was something that  
10 was ever done, to my recollection.  
11 Q. Okay. That was my next question: Do you  
12 know if that occurred? And you just don't know?  
13 A. I don't know.  
14 Q. All right. Well, let's talk about those  
15 video cameras. You said they were operational. What  
16 were they there for, to your knowledge?  
17 A. They were there -- They were pointed in  
18 different places. So, like at the parking lots to  
19 make sure that the site was safe. They did have them  
20 in dosing rooms to make sure that dosing was  
21 appropriate, if there were any concerns about the  
22 dosing procedures.  
23 Q. Okay.  
24 A. Beyond that, I know that there were some

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1 directed at like where the staff would sign in to  
2 make sure that sign-in was appropriate.  
3 Q. How about the blood draw area?  
4 A. I don't know that I could say they were  
5 specifically aimed at the blood draw area.  
6 Q. Do you know if the video cameras recorded  
7 what was going on, or was it just a video feed so  
8 that someone could monitor?  
9 A. My understanding is that it was a video  
10 feed. And if nothing was done, it was re-recorded  
11 over.  
12 Q. If nothing was done? In other  
13 words somebody would have to affirmatively --  
14 A. So, if that wasn't saved, it was  
15 re-recorded over.  
16 Q. Do you know what the duration was before  
17 it was recorded over?  
18 A. I do not.  
19 Q. And do you know who determined whether the  
20 video was saved or not?  
21 A. I don't know.  
22 Q. Do you know who was on the other end of  
23 the camera watching, if anyone?  
24 A. You had to have certain access that was

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May Reporting Service

1 done through the IT department. I know that Mo and  
2 Louis had access, as well as Shabaz. Besides that, I  
3 don't know if anyone else had access.  
4 Q. Shabaz is Dr. Khan?  
5 A. Yes.  
6 Q. And Mo is Yamlaht?  
7 A. Yes.  
8 Q. And Louis is? What's his last name?  
9 A. Louis Co.  
10 Q. Co? Is Louis Co a doctor?  
11 A. No.  
12 Q. Is Mo Yamlaht a doctor?  
13 A. No.  
14 Q. How about Dr. Shabaz Khan, is he a doctor?  
15 A. Yes.  
16 Q. Do you know if he's licensed in the U.S.  
17 anywhere?  
18 A. No.  
19 Q. He's not?  
20 A. He's not.  
21 Q. Okay. Is he licensed in Canada?  
22 A. I don't know.  
23 Q. Okay. For housekeeping purposes, I'm  
24 going to hand you what we will mark as Exhibit 2.

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1 (Whereupon, Plaintiff's  
2 Exhibit No. 2 was marked  
3 for identification by the  
4 court reporter.)  
5 MS. DREW: Thank you.  
6 Q. (BY MR. WENDLER) And that is the cover  
7 page and signature sheet for the second study that  
8 we're about today. Do you see that?  
9 A. Yes.  
10 Q. And do you recognize on Page 2 your  
11 signature?  
12 A. Yes.  
13 Q. Okay. Each of these protocols, Dr.  
14 Jordan, had a requirement that there be insurance.  
15 Were you aware of that?  
16 A. Yes.  
17 Q. Do you know why there was no insurance for  
18 this claim? At least it's been reported there was no  
19 insurance for this claim. Do you know why?  
20 A. I do not know why.  
21 Q. Do you know if there was insurance for  
22 either of these studies?  
23 A. Typically, that would be something done at  
24 the business level between the business part and the

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May Reporting Service

1 **sponsor who would take care of the insurance.**  
2 Q. And who was at the business level?  
3 A. **So, that would be like the project**  
4 **management group.**  
5 Q. Okay. Who was that? Give me some names,  
6 please?  
7 A. **That would be out of the head office in**  
8 **Canada. The head of the -- of the project manager**  
9 **group -- I can see her face. Marianna Colalillo.**  
10 Q. Can you spell that one?  
11 A. **I believe it's C-O-L-L-A-I-L-O. I**  
12 **believe.**  
13 Q. And you said that at the business office  
14 in Canada. So, that's where doctor Khan's office is?  
15 A. **He works out of the clinic in Canada,**  
16 **which is a separate location.**  
17 Q. Have you ever been to any of the Canadian  
18 offices of Pharma Medica?  
19 A. **One time.**  
20 Q. Which one did you go to?  
21 A. **I was -- I visited both locations.**  
22 Q. Okay. Back to the insurance issue. To  
23 the extent there was supposed to be insurance, but  
24 there was not, is it your testimony that was not your

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May Reporting Service

1 responsibility?  
2 A. **I'd have to look in the protocol. Which**  
3 **one are you speaking about?**  
4 Q. Either one. I can point you to a specific  
5 page, if that'll help?  
6 A. **It would.**  
7 Q. If you need to take that phone call, I  
8 don't care.  
9 A. **I don't know who it is, no.**  
10 Q. Look at Bates No. 389, or 221.  
11 A. **So, this says under the insurance, "For**  
12 **the purpose of study-related injuries, the sponsor**  
13 **will have valid insurance for the duration of the**  
14 **study." So, that part would be through the sponsor.**  
15 **And --**  
16 Q. The next study?  
17 A. **The next study is Roxane. The next**  
18 **sentence, "PMR will have valid liability insurance at**  
19 **all times."**  
20 Q. PMRI is?  
21 A. **Pharma Medica Research.**  
22 Q. Pharma Medica Research?  
23 A. **Yes.**  
24 Q. So, it says the sponsor and Pharma Medica

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May Reporting Service

1 will have liability insurance?  
2 A. **To my understanding, that it was written**  
3 **in the protocol. It's my understanding that PMRI**  
4 **does have liability insurance.**  
5 Q. Okay. But the question was: To the  
6 extent there is no liability insurance to cover this  
7 claim, is it your testimony that that was not your  
8 job to arrange for that?  
9 A. **That would not typically be within my job**  
10 **description to arrange for liability insurance for**  
11 **the studies.**  
12 Q. Okay. And did you do anything to,  
13 compliance with the protocol, determine whether or  
14 not there was insurance?  
15 A. **No.**  
16 Q. Okay. I should've explained this to you  
17 earlier. But if at any point in time I ask a  
18 question that's not completely clear to you, let my  
19 know, and I'll be glad to rephrase it for you.  
20 A. **Okay.**  
21 Q. So far you're doing fine.  
22 Let me ask you this about the studies that  
23 Mr. Wallace participated in. Do you agree that  
24 Mr. Wallace did not have Hepatitis C when he first

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May Reporting Service

1 screened for the Study No. 1?  
2 A. **He had a negative Hepatitis C antibody**  
3 **blood test.**  
4 Q. And does that mean he did not have  
5 Hepatitis C?  
6 A. **There was no evidence of Hepatitis C at**  
7 **that time.**  
8 Q. Okay. How about Study No. 2, when  
9 Mr. Wallace first screened for Study No. 2, that is  
10 Study No. 4109, do you agree he did not have  
11 Hepatitis C at that time?  
12 A. **He had a negative antibody test for**  
13 **Hepatitis C.**  
14 Q. So again, he did not have Hepatitis at  
15 that point; right?  
16 A. **He had no evidence of Hepatitis at that**  
17 **time.**  
18 Q. When you say he had no evidence of  
19 Hepatitis, does that mean he did not have Hepatitis,  
20 or it is possible that he had it, and it just didn't  
21 read?  
22 A. **There are circumstances where you have an**  
23 **antibody test that's negative, but you might have**  
24 **Hepatitis C virus in your blood, but the antibody**

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May Reporting Service



1 test is negative.  
 2 Q. Okay. And tell me, what are those  
 3 circumstances where that could occur?  
 4 A. If you have an earlier exposure, I have  
 5 Hepatitis C in my blood, and I haven't had enough  
 6 time to develop an antibody response.  
 7 Q. Okay. And how much time does it take?  
 8 A. That is variable.  
 9 Q. Variable from what to what?  
 10 A. From the amount of the exposure to the  
 11 person, and a person's immune system.  
 12 Q. What's the shortest and the longest time  
 13 frames?  
 14 A. From my understanding, it could be two to  
 15 six months.  
 16 Q. Two to six months? And where did you  
 17 acquire that understanding?  
 18 A. To me, I believe that's general knowledge  
 19 about Hepatitis C.  
 20 Q. Okay. Did you -- Can you cite me to any  
 21 studies, or any reports, or any medical journals that  
 22 support that?  
 23 A. I don't know that I could give you a  
 24 specific example. The one that I most commonly use

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May Reporting Service

1 would be UpToDate. It's a computer program called  
 2 UpToDate.  
 3 Q. And do you use that in your general  
 4 practice as a --  
 5 A. Uh-huh.  
 6 Q. -- physician? And that's yes?  
 7 A. Yes.  
 8 Q. You find that authoritative?  
 9 A. I'm sorry.  
 10 Q. Do you find that authoritative, the  
 11 UpToDate program?  
 12 A. I do think it's a good reference source.  
 13 Q. Okay. Have you ever done any research  
 14 specifically to determine what the period is that you  
 15 can have the Hepatitis C virus, and still have a  
 16 negative antibody?  
 17 A. I have not personally done specify  
 18 research on that.  
 19 Q. Okay. Do you consider yourself an expert  
 20 in Hepatitis C?  
 21 A. No.  
 22 Q. All right. So, we're in agreement that  
 23 Mr. Wallace tested negative before Study No. 1, and  
 24 before Study No. 2 for the Hepatitis C --

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May Reporting Service

1 A. Yes.  
 2 Q. -- antibody; correct?  
 3 A. Yes.  
 4 Q. And you do agree that Mr. Wallace did have  
 5 Hepatitis C on June 26th, 2016 when he was at  
 6 Anderson Hospital?  
 7 A. Yes.  
 8 Q. Yes? Okay. We kind of hit on this  
 9 earlier, but the studies that Mr. Wallace  
 10 participated in, they used, at Pharma Medica, needles  
 11 rather than catheters to draw blood; correct?  
 12 A. Correct.  
 13 Q. Do you know that other study groups use  
 14 catheters rather than needles? Were you aware of  
 15 that?  
 16 A. We -- In Pharma Medica in Canada, they use  
 17 catheters.  
 18 Q. Okay.  
 19 A. We've had a few studies that have used  
 20 catheters here, but they were IV catheters, and it  
 21 was specific to that study. I don't -- It was  
 22 neither one of these studies.  
 23 Q. Neither one of the two studies that we're  
 24 here about today; correct?

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May Reporting Service

1 A. Correct.  
 2 Q. All right. What determines -- Strike  
 3 that.  
 4 At Pharma Medica, what determined whether  
 5 you used needles or catheters? Was it in the  
 6 sponsor's protocol?  
 7 A. The times in Pharma Medica where we've  
 8 used catheters, it was based on the regulatory  
 9 guidance of the study. And that was Anvisa studies  
 10 require that subjects be given the option of a  
 11 catheter.  
 12 Q. Okay. Was that more expensive to use the  
 13 catheters rather than the needles?  
 14 A. I don't know.  
 15 Q. Okay. Was Mr. Wallace given the option of  
 16 catheter or needles?  
 17 A. Not in these studies.  
 18 Q. Okay. So, pardon me. I didn't understand  
 19 you. But what determines whether a catheter or a  
 20 needle is used during the Pharma Medica studies that  
 21 you were in?  
 22 A. At our St. Louis site, our standard was  
 23 direct vena puncture, or a needle. We did a few  
 24 what's Anvisa studies. Anvisa is like the Brazilian

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May Reporting Service

1 F.D.A.  
2 Q. Anvlsa?  
3 A. A-N-V-I-S-A.  
4 Q. Is that one word?  
5 A. Yes.  
6 Q. Okay.  
7 A. I believe it's an acronym. I don't know  
8 what it stands for.  
9 Q. And these are Brazilian studies?  
10 A. Yes.  
11 Q. Okay. And they required the use of  
12 catheters in the Brazilian studies?  
13 A. I believe the wording is that they  
14 required catheters be offered. So, a volunteer could  
15 decline a catheter, and still have a direct stick.  
16 Q. Okay. In those studies, did most of the  
17 participants opt for the catheters?  
18 A. I don't know that I could tell you the  
19 number. I don't -- I wouldn't want to tell you  
20 something that's not true.  
21 Q. What's the difference between using the  
22 needles and the catheters, other than the needle you  
23 have to be stuck every time blood is drawn?  
24 A. The catheter, it just stays there.

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May Reporting Service

1 Q. Okay.  
2 A. So, it's -- If I'm doing other things, if  
3 I'm on my computer, it might be irritating to my arm.  
4 Q. Okay. But you only get stuck once with a  
5 catheter; correct?  
6 A. Not necessarily. So, if they were able to  
7 place the catheter on the first stick, then that  
8 would be true.  
9 Q. Yes.  
10 A. Sometimes they have to stick you more than  
11 once to get the catheter. Sometimes that catheter  
12 stops working, and requires another stick to get  
13 another catheter.  
14 Q. Well, I was reading in some of these  
15 studies that Mr. Wallace participated in, there were,  
16 in one occasion, 20 blood draws. And another case, I  
17 forgot how many blood draws. If he had a catheter  
18 in, the blood could be drawn through the catheter  
19 without the need to have a needle inserted in the  
20 vein; correct?  
21 A. Assuming that the catheter functioned the  
22 entire study.  
23 Q. Yes.  
24 A. If there were outpatient visits, we would

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May Reporting Service

1 not allow a subject to leave our building with a  
2 catheter --  
3 Q. Of course.  
4 A. -- in place.  
5 Q. But most of the studies, the participants  
6 stay in while the blood draws are occurring; correct?  
7 A. They would be in for a period of time.  
8 And then some studies have return blood draws on an  
9 outpatient visit, depending on the sequence of blood  
10 draws --  
11 Q. Okay.  
12 A. -- and their timing.  
13 Q. When the catheters were used at the Pharma  
14 Medica facility in the other studies, not the studies  
15 that we're here about today, did that require any  
16 additional licensure or training for employees?  
17 A. Catheter studies, you have to have been  
18 trained to place a catheter.  
19 Q. Okay.  
20 A. So that would be paramedics and nurses.  
21 Q. All right. And for the needle stick, who  
22 can do that?  
23 A. That would be someone who has been trained  
24 as a phlebotomist.

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May Reporting Service

1 Q. Do you know what the difference, if any,  
2 there is in the pay for the paramedics and nurses  
3 versus the phlebotomists?  
4 A. I do not.  
5 Q. Do you do any of the hiring or firing of  
6 the Pharma Medica employees at the St. Charles  
7 facility?  
8 A. I hired and fired the sub investigators.  
9 Q. The sub?  
10 A. The subject investigators.  
11 Q. And what did they do?  
12 A. They would be physicians who would monitor  
13 the studies.  
14 Q. Did you do any hiring and firing of anyone  
15 else?  
16 A. No.  
17 Q. Who did that?  
18 A. We had an HR department.  
19 Q. At St. Charles, or was it in Canada?  
20 A. We have one in both.  
21 Q. Okay. And you hired and fired the sub  
22 investigators? Can you give me the name of some of  
23 the sub investigators that you hired?  
24 A. I hired Dr. Milford, and Dr. Markollari.

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May Reporting Service

1 Q. Can you spell that one?  
2 A. **M-A-R-K-O-L-L-A-R-I-A.** There was Dr.  
3 **Tables.**  
4 Q. Spelled like it sounds?  
5 A. **Yes. And Dr. Buchanan. There was also a**  
6 **Dr. Scaduto, who I did not hire. He started at the**  
7 **same time as me, and was hired by Latifa.**  
8 Q. Can you spell Scaduto?  
9 A. **S-C-A-D-U-T-O.**  
10 Q. Okay. Did you have to fire any of those  
11 doctors?  
12 A. **Dr. Scaduto.**  
13 Q. And what was the reason for his  
14 termination?  
15 A. **He had problems with his licensure.**  
16 Q. Was Dr. Scaduto involved in either of the  
17 studies that we're here about, Study 1 or Study 2?  
18 A. **No.**  
19 Q. Okay. Back to the hiring and firing. You  
20 didn't participate in any of the hiring or firing of  
21 anyone, other than sub investigators; am I correct?  
22 A. **Correct.**  
23 Q. Okay. Did you ever have any input on any  
24 termination decisions on any of the other Pharma

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May Reporting Service

1 Medica employees?  
2 A. **If I saw something that I was concerned**  
3 **about their job performance, I would certainly say --**  
4 **talk to that individual, and report it to that**  
5 **individual's supervisor.**  
6 Q. Okay. And had that ever happened when you  
7 were employed by Pharma Medica?  
8 A. **Yes.**  
9 Q. Under what circumstances?  
10 A. **I don't know that I can give you a**  
11 **specific example. I was at Pharma Medica on a**  
12 **full-time basis, and I was in the clinics. I would**  
13 **observe things. Probably the most common would be a**  
14 **mouth check by a phlebotomist that I didn't think was**  
15 **done properly.**  
16 Q. Okay. Can you think of any other examples  
17 where you had to talk to a phlebotomist's supervisor  
18 about the phlebotomist's work?  
19 A. **I can't think of any other, off the top of**  
20 **my head.**  
21 Q. Okay. With regard to avoiding the  
22 transfer of blood-borne pathogens like Hepatitis C,  
23 which do you feel is safer for the patient, the  
24 needle stick or the catheter in a situation where --

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May Reporting Service

1 In a study like this where there are a lot of needle  
2 sticks versus one catheter, which is safer for the  
3 patient? Or for the study participant, I should say?  
4 MS. DREW: Object to the form of the  
5 question; vague.  
6 You can go ahead and answer.  
7 A. **Universal precautions are used. You're**  
8 **using new needles for each stick. There shouldn't be**  
9 **a difference.**  
10 Q. (BY MR. WENDLER) Okay. And if universal  
11 precautions are not used, which is safer for the  
12 participant?  
13 MS. DREW: Object to form of the  
14 question; vague as to what isn't being followed by  
15 universal precautions.  
16 Subject to that, you can go ahead  
17 and answer.  
18 A. **I can't -- Universal precautions is such a**  
19 **standard in medicine. I can't imagine not following**  
20 **universal precautions. I can't.**  
21 Q. (BY MR. WENDLER) And the reason you want  
22 to follow the universal precautions is you want to  
23 try to avoid transferring blood-borne pathogens like  
24 Hepatitis C; correct?

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May Reporting Service

1 A. **Correct.**  
2 Q. All right. So, if those universal  
3 procedures are followed, there is no risk of transfer  
4 of blood-borne pathogens like Hepatitis C; am I  
5 correct?  
6 A. **Correct.**  
7 Q. Okay. If the universal procedures are not  
8 followed, which is the safer option for the study  
9 participant, the needle sticks or the catheter?  
10 MS. DREW: Same objection.  
11 A. **I don't know that I have an answer for**  
12 **that. I can't think of a circumstance where I would**  
13 **not follow universal precautions.**  
14 Q. (BY MR. WENDLER) Okay. Well, were you  
15 constantly monitoring all of the phlebotomists when  
16 you worked at Pharma Medica?  
17 A. **Was I constantly monitoring them? No.**  
18 Q. Okay.  
19 A. **I had other job responsibilities.**  
20 Q. Okay. So you said you can't imagine a  
21 situation where you wouldn't follow the universal  
22 procedures. But if there is a situation where one of  
23 the phlebotomists is not following the universal  
24 procedures at Pharma Medica, which is the safer

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May Reporting Service

1 avenue for the participant, the needle sticks or the  
2 catheters?  
3 MS. DREW: Object to the form of the  
4 question as to what part of the universal precautions  
5 not being followed.  
6 Subject to that, go ahead and  
7 answer.  
8 A. I understand that you're saying there was  
9 more needle sticks --  
10 Q. (BY MR. WENDLER) Yes.  
11 A. -- than with a catheter. I don't know  
12 that I can assume that one is necessarily safer than  
13 another. And our phlebotomists were trained in  
14 universal precautions.  
15 Q. Okay. Well, let me ask you this: The  
16 phlebotomists that were trained, did Pharma Medica  
17 ever use any Interns for phlebotomists?  
18 A. Yes.  
19 Q. Did Pharma Medica ever use phlebotomists  
20 who had no prior experience on real human, sticking  
21 needles into veins before they came to work at Pharma  
22 Medica?  
23 A. I don't know the training of the  
24 Interns --

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May Reporting Service

1 Q. Okay.  
2 A. -- that were used.  
3 Q. All right. Do you know anything about the  
4 training that the Interns received before coming to  
5 work for Pharma Medica?  
6 A. So, they would be trained at whatever  
7 school of phlebotomy that they were going to.  
8 Q. Yes. Okay.  
9 A. So, I've not visited those schools. I  
10 have not seen their --  
11 Q. Specific training?  
12 A. Uh-huh.  
13 Q. Correct?  
14 A. Correct.  
15 Q. So, back to the question: Do you know if  
16 there were ever any Interns that were used by Pharma  
17 Medica who, prior to coming to work for Pharma  
18 Medica, had never inserted a needle into a live human  
19 being's vein before coming to work at Pharma Medica?  
20 Do you know if that happened?  
21 A. Again, I was not involved in their -- When  
22 the Interns came to Pharma Medica --  
23 Q. Uh-huh.  
24 A. -- they would do our on-site universal

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May Reporting Service

1 precautions training.  
2 Q. Okay.  
3 A. The blood-borne pathogens training. As  
4 far as what their education was before they stepped  
5 in the door, I can't speak to their education before  
6 they arrived.  
7 Q. Okay. The universal precautions training  
8 and the blood-borne pathogens training, in those  
9 training procedures, do they ever stick needles into  
10 live human being's arms?  
11 A. No.  
12 Q. Okay. So is it fair to say then that you  
13 don't know, Dr. Jordan, if any of the phlebotomists  
14 hired by Pharma Medica had prior experience sticking  
15 needles into live human being's arms before coming to  
16 work for Pharma Medica? You don't know if that  
17 happened or not; am I correct?  
18 A. You had been talking about interns.  
19 Q. Uh-huh.  
20 A. So, interns were there for a short period  
21 of time. They weren't necessarily going to be  
22 continued to be hired on, and to continue to work.  
23 Q. Fair enough. I did switch. Is there a  
24 difference between a phlebotomist and an Intern?

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May Reporting Service

1 A. Yes.  
2 Q. All right. What's the difference?  
3 A. An Intern is still in training.  
4 Q. Okay. So, back to my question: Do you  
5 know if there were any Interns that were brought into  
6 Pharma Medica who had no prior experience sticking a  
7 needle in a live human being's arm before coming to  
8 work at Pharma Medica? Do you know, either way?  
9 A. And I didn't bring the interns in. I  
10 didn't interview the Interns. I wasn't the one who  
11 was involved in bringing them in. I don't know what  
12 their training location entailed.  
13 Q. Okay. Then You don't know what their  
14 experience entailed in terms of sticking needles into  
15 live human being's arms; correct?  
16 A. I do not.  
17 Q. All right. The phlebotomists, do you know  
18 if they had any prior experience in sticking needles  
19 into human being's arms, that is living human being's  
20 arms, before coming to work at Pharma Medica?  
21 A. So, I did not hire the phlebotomists.  
22 Q. Uh-huh.  
23 A. So, I did not interview them about their  
24 exact background and training.

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May Reporting Service



1 Q. And therefore, you don't know if they had  
2 any experience; correct?  
3 A. Correct.  
4 Q. All right. You said there was universal  
5 precautions training, and blood-borne pathogens  
6 training for the interns to follow --  
7 A. Uh-huh.  
8 Q. -- when they came to -- came onto Pharma  
9 Medica; right?  
10 A. Yes.  
11 Q. By the way, were the interns paid, or were  
12 they there just for the credit hours?  
13 A. I believe it's for credit hours.  
14 Q. Okay. Who taught the interns the  
15 universal precautions training, and the blood-borne  
16 pathogens training?  
17 A. I believe that was done through our HR  
18 administrator.  
19 Q. And who was that?  
20 A. Debbie Elderton.  
21 Q. Can you spell her last name?  
22 A. E-L-D-E-R-T-O-N.  
23 Q. There are currently no Pharma Medica  
24 employees that worked at the St. Charles facility

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May Reporting Service

1 where you worked that are still employed by Pharma  
2 Medica, to your knowledge?  
3 A. No.  
4 Q. Am I right?  
5 A. To my knowledge, correct. Yes. Dr. Khan  
6 still works for Pharma Medica. He was here on-site  
7 for a bit, but he's back in Canada.  
8 Q. Anyone else, besides him?  
9 A. No.  
10 Q. Okay. Now, since you worked at Pharma  
11 Medica on a regular basis, is it correct that there  
12 were actually in the blood draw areas -- What do you  
13 call the blood draw areas?  
14 A. Call it the blood draw area.  
15 Q. Okay. Were there timers set up there so  
16 that the participants would come in, and they would  
17 have to have their blood drawn within a certain time?  
18 A. Uh-huh.  
19 Q. Yes?  
20 A. Yes.  
21 Q. Okay. Do you know what that time limit  
22 was?  
23 A. So, the protocol would list certain time  
24 points that the blood was to be drawn, based on their

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1 dosing time.  
2 Q. Okay. I guess my question wasn't quite  
3 clear. My understanding was that the participants  
4 would have a tee shirt on with a number on the shirt;  
5 correct?  
6 A. Yes.  
7 Q. And they would be called up for their  
8 blood draw by the shirt number; correct?  
9 A. Yes.  
10 Q. And the phlebotomists or the interns would  
11 have a certain time limit to get the blood drawn; is  
12 that correct?  
13 A. The goal is to draw it on the dosing  
14 minute. But if there was difficulty with the blood  
15 draw, that didn't always happen. But we recorded the  
16 time that the blood was drawn.  
17 Q. Okay. And my understanding, and correct  
18 me if I'm wrong, but there was a timer that allowed  
19 for one minute for the blood draw for each  
20 participant. Is that your understanding?  
21 A. We want to draw the blood sample according  
22 to their dosing minute.  
23 Q. Okay.  
24 A. So, yes.

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1 Q. Okay. And what happened if you couldn't  
2 get the blood drawn within that minute? Do you tell  
3 the participant to go elsewhere, and pull up the next  
4 participant, or what happened?  
5 A. We typically would have what we would call  
6 a backup draw person. So, if there was difficulty  
7 drawing a subject's blood, they would be directed to  
8 go to the next table, and the backup draw person  
9 would draw the blood.  
10 Q. Okay. And just so I'm clear, where the  
11 blood draw area was, did you say there were no video  
12 cameras observing that area?  
13 A. I know that I've seen video cameras  
14 directed to the parking lots, into the dosing areas.  
15 I don't know that it was specifically pointed at the  
16 blood drawing area.  
17 Q. Was there a place at Pharma Medica in St.  
18 Charles where you could actually watch the video feed  
19 on a TV screen, or a monitor?  
20 A. You would have to log into a computer  
21 network access.  
22 Q. So, you could do that through your  
23 computer?  
24 A. You know, Mo said he was going to give me

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1 access. I never, never used it from my office. So I  
 2 never viewed that. If I needed to view something, I  
 3 would typically have gone to either Mo or Shabaz's  
 4 office to view it.

5 Q. All right. So at Mo's office, or Shabaz's  
 6 office you could watch the video feed that Pharma  
 7 Medica had in St. Charles; correct?

8 A. You could.

9 Q. And Mo and Shabaz had an office in St.  
 10 Charles; correct?

11 A. Yes.

12 Q. And that's where you would --

13 A. Uh-huh.

14 Q. -- on occasion watch the video feeds;  
 15 correct?

16 A. Uh-huh.

17 Q. Yes?

18 A. Yes.

19 Q. Do you -- And as you sit here today, you  
 20 just don't recall whether there was a video feed for  
 21 the blood draw area; correct?

22 A. We had multiple different clinics. When  
 23 you look at the screens, there's multiple different  
 24 areas where videos were. I couldn't tell you with

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1 certainty, 'Did it that get this blood draw area?'  
 2 It might have. It might not have.

3 Q. When you say there were multiple different  
 4 clinics, are you talking about there were different  
 5 studies going on simultaneously?

6 A. Yes.

7 Q. Okay. And then you said that you never  
 8 accessed the video feed from your computer at your  
 9 office. Did you ever access the video feeds from  
 10 your computer at home?

11 A. Oh, no.

12 Q. Could you, if you had wanted to?

13 A. No.

14 Q. Do you know who occupies the Pharma Medica  
 15 facility currently? The St. Charles facility, that  
 16 is?

17 A. No.

18 Q. Did you ever receive a phone call from Dr.  
 19 Khan, or anyone else, to report they saw something on  
 20 a video-camera feed, and wanted to draw your  
 21 attention to it? Did that ever happen?

22 A. Can you say that one more time? I'm  
 23 sorry.

24 Q. Sure. Did you ever get a phone call from

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1 Dr. Khan, or anyone else, and the person at the other  
 2 end of the phone would say, 'Hey, I just saw on the  
 3 video feed something happened, and I want to draw  
 4 your attention to it.' And the something could be  
 5 anything?

6 A. I don't believe so.

7 Q. Do you know if that ever happened to  
 8 anyone at Pharma Medica in St. Charles, that they  
 9 received a phone call from someone who was watching  
 10 the video feed, and wanted to bring their attention  
 11 to some problem?

12 A. I don't know.

13 Q. Did anyone ever tell you, Dr. Jordan, why  
 14 the video cameras were there in the first place?

15 A. I don't know that they specifically told  
 16 me why they were there.

17 Q. Generally, did anyone tell you?

18 A. Other than just to know that they were  
 19 there, so if there was problems with the dosing, or  
 20 if they were directed at the parking lot, as well, if  
 21 there was any problems in the parking lot.

22 Q. Okay. What would the parking lot  
 23 problems, what would that entail?

24 A. Well, people's cars were out there. If

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May Reporting Service

1 there was any reports that someone's car had been  
 2 tampered with, that there was --

3 Q. Okay.

4 A. -- cameras.

5 Q. Did you ever ask anyone, Dr. Jordan, if  
 6 there is any video recordings made of the needle  
 7 stick area during Study 1 or Study 2 that we're here  
 8 about today?

9 A. Did I ever ask anyone?

10 Q. Right.

11 A. No, I didn't ever ask anyone.

12 Q. You want to check that?

13 A. That's okay.

14 Q. All right. During your employment at  
 15 Pharma Medica, at any time, have you ever been  
 16 alerted to a needle stick from any employee, or  
 17 intern, or phlebotomist that was not in compliance  
 18 with the universal precautions training, and  
 19 blood-borne pathogens training?

20 A. No.

21 Q. You never heard of someone sticking a  
 22 participant with a needle, and then using the same  
 23 needle on another participant?

24 A. No.

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1 Q. No one ever reported to you that one of  
2 the people drawing blood used a needle on one  
3 participant, and tried to use it on a second  
4 participant? That was never reported to you?  
5 A. **That was not reported to me.**  
6 Q. Okay. And just so I'm clear, when you say  
7 that that was never reported to you, it was never  
8 reported to you that someone at Pharma Medica in St.  
9 Charles drew blood from one patient, and used the  
10 same needle to draw blood on another patient, or  
11 attempted to use the same needle to draw blood on  
12 another patient or participant, either by a  
13 participant himself or herself, or by an employee, or  
14 an intern; am I correct?  
15 A. **Certainly no employees. I do not recall**  
16 **any -- any volunteers telling me that. But certainly**  
17 **no employees.**  
18 Q. Okay. How about participants? Did any  
19 participant ever tell you, 'Hey, look. That woman  
20 tried to use the same needle on two participants, or  
21 the woman did use the same needle on two  
22 participants.'  
23 A. **No.**  
24 Q. That never happened?

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1 A. **No.**  
2 Q. Okay. If you had observed an employee or  
3 an intern at Pharma Medica using the same needle on  
4 two different study participants, what would you have  
5 done?  
6 MS. DREW: Object to the form of the  
7 question; improper hypothetical.  
8 You can go ahead and answer.  
9 A. **That would've been very shocking to see.**  
10 **If I would've seen someone not change the needle, I**  
11 **would've said, 'No, don't stick that. You've already**  
12 **used that.'**  
13 Q. (BY MR. WENDLER) Okay. What if you saw  
14 someone using the needle on the second participant,  
15 and the needle was already in the patient's -- in the  
16 participant's arm? What would you do?  
17 A. **You would tell them to take the needle**  
18 **out. And then you would have to handle the**  
19 **situation, which would be -- If there is concern**  
20 **about a needle-stick injury, there are procedures to**  
21 **follow.**  
22 Q. And what are those procedures?  
23 A. **It would be to draw blood tests to**  
24 **determine their antibody level now, and then in the**

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1 **future, and to check the source individual, if they**  
2 **give you authorization. And in the case of HIV,**  
3 **there is pre -- I'm sorry. Post-exposure prophylaxis**  
4 **that can be offered. So, there are definitely**  
5 **procedures that you would follow, if that were to**  
6 **happen.**  
7 Q. Okay. And you would follow all of those  
8 procedures, because you know that if a person uses  
9 the same needle on two participants, the second  
10 participant has a risk of contracting blood-borne  
11 pathogens from the first participant; correct?  
12 A. **I know that that first participant**  
13 **would've been screened so that they should have been**  
14 **healthy to be in the study. But still, there is a**  
15 **risk, if there is a needle stick, and you would still**  
16 **address that risk.**  
17 Q. Okay. And you said the first patient had  
18 been screened, but you told me earlier that there is  
19 a possibility that somebody can test negative for the  
20 Hep C antibody, but still have Hep C; correct?  
21 A. **That is correct.**  
22 Q. All right. So, you would follow the  
23 procedures, if you saw the same needle being used  
24 twice on two different participants, because you knew

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1 the second participant ran the risk of contracting a  
2 blood-borne pathogen from the reuse of the needle;  
3 correct?  
4 A. **Correct.**  
5 Q. I asked you earlier if you had ever fired  
6 anyone. And you said that you were in charge of the  
7 sub investigators only. But do you know if anyone  
8 else at Pharma Medica ever fired any phlebotomists?  
9 A. **I do know phlebotomists were terminated.**  
10 Q. Okay.  
11 A. **I was not typically involved in that**  
12 **decision.**  
13 Q. Do you know why any of them were  
14 terminated?  
15 A. **We had a wide number of phlebotomists. I**  
16 **believe the most common reason was for attendance.**  
17 Q. Okay. Do you know if any of the  
18 phlebotomists were ever fired for not following the  
19 blood-borne pathogen --  
20 A. **I'm not aware.**  
21 Q. -- procedures?  
22 A. **I'm not aware of the individual reasons**  
23 **why all of the phlebotomists were fired.**  
24 Q. Okay. Who was in charge of hiring and

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1 firing the phlebotomists? Do you know?  
2 A. Typically, our HR department would be.  
3 Q. Debbie again?  
4 A. She was part of the HR team.  
5 Q. Again, would she be in charge of hiring  
6 and firing the phlebotomists?  
7 A. It would be Donna Hileman.  
8 Q. Donna Hileman? H --  
9 A. -- I-L-E-M-A-N.  
10 Q. What about the interns? Who was in charge  
11 of bringing in and getting rid of the interns?  
12 A. I know that Donna did that, as well.  
13 Q. Do you agree, Dr. Jordan, that it's not  
14 safe to let different study group participants share  
15 the same unmarked plastic cups to dispose of bloody  
16 cotton balls when drinking cups on the tables are  
17 identical?  
18 MS. DREW: Object to the form of the  
19 question; improper hypothetical.  
20 You can go ahead and answer.  
21 A. So, I'm sorry. Say that question again.  
22 Q. (BY MR. WENDLER) Sure. Let me just back  
23 up and preface it by a little explanation.  
24 I've seen photographs of the blood draw  
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1 area where there was a cup for bloody cotton balls  
2 that they used to, you know, absorb the blood after  
3 the needle sticks. Do you know what I'm talking  
4 about?  
5 A. Yes.  
6 Q. Okay. And on those tables there would  
7 also be a water cup for the participant. Do you know  
8 what I'm talking about?  
9 A. Yes.  
10 Q. Do you think it's unsafe to let different  
11 participants share the same unmarked plastic cup to  
12 dispose of bloody cotton balls when the drinking cups  
13 on the tables are identical to the bloody cotton ball  
14 cups? Do you think that's unsafe?  
15 MS. DREW: Same objection.  
16 A. Are you asking if I think a subject would  
17 try to drink a --  
18 Q. (BY MR. WENDLER) No?  
19 A. -- thing of cotton balls.  
20 Q. No. No. I'm asking you: Do you think  
21 it's safe or unsafe to have identical cups for bloody  
22 cotton balls and water cups on the same table?  
23 MS. DREW: Same objection.  
24 A. You know, you have -- You're bleeding.  
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1 Q. (BY MR. WENDLER) Uh-huh.  
2 A. Most participants did not want to have  
3 tape on their arm.  
4 Q. Right.  
5 A. Because of the multiple blood draws, tape  
6 on and off would be irritating. So, they would use  
7 the cotton balls. The cotton ball would have to go  
8 somewhere.  
9 Q. Right.  
10 A. If they were on a seated restriction, they  
11 would commonly put it on a cup on the table that  
12 staff would come by and collect the cup to put it in  
13 the -- to dispose of them.  
14 Q. Right. So back to my question: Do you  
15 think it's safe or unsafe to use the same type of  
16 cups for bloody cotton balls as water drinking cups  
17 on the same tables?  
18 A. I guess I don't --  
19 MS. DREW: Same objection.  
20 You can answer.  
21 A. I can't see how a subject would try to  
22 drink the bloody cotton balls.  
23 Q. (BY MR. WENDLER) Okay. So you think it's  
24 safe to have that, the same type of cups for bloody  
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1 cotton balls as for water cups on the same table?  
2 You think it's safe?  
3 MS. DREW: Same objection;  
4 argumentative.  
5 You can answer.  
6 A. I mean, I clearly don't want a subject to  
7 ingest someone else's blood. That's not appropriate.  
8 I don't --  
9 Q. (BY MR. WENDLER) Not safe?  
10 A. Yeah.  
11 MS. DREW: Object to the form.  
12 A. Not safe.  
13 Q. (BY MR. WENDLER) Okay.  
14 A. Not safe for a subject to drink -- to  
15 ingest someone else's cotton ball.  
16 Q. The interns that Pharma Medica used, do  
17 you know how they were recruited?  
18 A. I do not.  
19 Q. All right. Do you know if any of the  
20 interns were tested for blood-borne pathogens before  
21 coming onboard and working at Pharma Medica?  
22 A. I do not.  
23 Q. How about the regular employees, the  
24 phlebotomists or other employees, do you know if they  
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<p>1 were tested for blood-borne pathogens before coming 2 to work for Pharma Medica?</p> <p>3 A. I do not.</p> <p>4 Q. Generally speaking, Dr. Jordan, as a 5 person trained in medicine, do you agree that a 6 needle should never be reused in a clinical testing 7 lab environment like Pharma Medica?</p> <p>8 A. Yes.</p> <p>9 Q. Okay. Do you agree that Mr. Wallace 10 would've never gotten into a study at Pharma Medica 11 if he had tested positive for Hepatitis C?</p> <p>12 A. Yes.</p> <p>13 Q. And do you agree that now that he has 14 tested positive for Hepatitis C he is no longer 15 eligible to participate in paid studies by Pharma 16 Medica?</p> <p>17 A. So, our St. Louis site is closed down.</p> <p>18 Q. Okay.</p> <p>19 A. There are Hepatitis C trials going on.</p> <p>20 Q. Okay.</p> <p>21 A. Are they doing them at Pharma Medica 22 Canada? I can't -- I don't know what studies they're 23 doing there.</p> <p>24 Q. So in order to get into a Hepatitis C</p> <p style="text-align: right;">65</p> <p style="text-align: center;">May Reporting Service</p>	<p>1 Q. Okay. There were never any Hepatitis C 2 trials at Pharma Medica --</p> <p>3 A. No.</p> <p>4 Q. -- In St. Charles, to your knowledge?</p> <p>5 A. No.</p> <p>6 Q. Right.</p> <p>7 A. No.</p> <p>8 Q. Correct?</p> <p>9 A. Correct.</p> <p>10 Q. Was Mr. Wallace tested for Hepatitis C 11 before each Pharma Medica study that he participated 12 in?</p> <p>13 MS. DREW: Object to the form of the 14 question; speculation to the extent of her time 15 period at Pharma Medica.</p> <p>16 Go ahead.</p> <p>17 A. That's true.</p> <p>18 Part of the general screening criteria at 19 Pharma Medica would be to test for Hepatitis C 20 antibodies.</p> <p>21 Q. (BY MR. WENDLER) And that has always been 22 the case since you worked for Pharma Medica?</p> <p>23 A. Since I worked for Pharma Medica, yes.</p> <p>24 Q. So, if Mr. Wallace wanted to get into</p> <p style="text-align: right;">67</p> <p style="text-align: center;">May Reporting Service</p>
<p>1 trial, do you have to have a history of having 2 Hepatitis C?</p> <p>3 A. It would be in the inclusion criteria.</p> <p>4 Q. Okay. And how many of those studies are 5 there, do you know?</p> <p>6 A. I don't know.</p> <p>7 Q. Okay. Are they few and far between, or 8 are they pretty --</p> <p>9 A. I don't know.</p> <p>10 Q. Okay. Other than the Hepatitis C trials, 11 are you aware that Mr. Wallace is no longer eligible 12 to participate in any clinical studies because he has 13 tested positive for Hepatitis C?</p> <p>14 MS. DREW: Object to the form of the 15 question; speculation.</p> <p>16 You can answer, if you know.</p> <p>17 A. Again, it would depend on the 18 inclusion/exclusion criteria of the study. If it's a 19 healthy-volunteer study, then he wouldn't qualify.</p> <p>20 Q. (BY MR. WENDLER) Okay. And the 21 hundred-plus Pharma Medica studies that you did in 22 St. Charles, were they all healthy-volunteer criteria 23 studies?</p> <p>24 A. They were.</p> <p style="text-align: right;">66</p> <p style="text-align: center;">May Reporting Service</p>	<p>1 Pharma Medica's study during the time you worked for 2 Pharma Medica, he had to be pre-tested or 3 pre-screened, and not test positive for Hepatitis C; 4 am I correct?</p> <p>5 A. Yes.</p> <p>6 Q. Okay. Can you tell me, Dr. Jordan, what 7 are the symptoms one would expect, if they had 8 Hepatitis C?</p> <p>9 A. The vast majority of people who have 10 Hepatitis C are asymptomatic.</p> <p>11 Q. Okay. How about the ones that have 12 symptoms? What are the common symptoms in those 13 people?</p> <p>14 A. The common symptoms would be fatigue, 15 nausea, jaundice, pale stools, dark urine, and 16 abdominal pain.</p> <p>17 Q. Did Mr. Wallace have all of those?</p> <p>18 MS. DREW: Object to the form of the 19 question; speculation.</p> <p>20 If you know.</p> <p>21 A. I couldn't say that he had all of them. I 22 know he had several symptoms.</p> <p>23 Q. (BY MR. WENDLER) Okay. Can you tell 24 me -- I know you told me before that you're not an</p> <p style="text-align: right;">68</p> <p style="text-align: center;">May Reporting Service</p>



1 expert on Hepatitis C. But can you tell me, what are  
2 the long-term health consequences of Hepatitis C, if  
3 you know?  
4 MS. DREW: Object to the form of the  
5 question; to the extent there are different types of  
6 Hepatitis C.  
7 Go ahead. You can answer.  
8 A. Okay. So, the long-term consequences of  
9 Hepatitis C? The long-term consequences could be  
10 cirrhosis, fibrosis, and cancer.  
11 Q. (BY MR. WENDLER) Have you ever heard of  
12 Hepatitis C causing arthritis?  
13 A. I don't know that I can say that I've  
14 specifically heard of it causing arthritis.  
15 Q. Do you know, either way, whether Hepatitis  
16 C can cause or contribute to arthritis? Do you know,  
17 either way?  
18 A. Cirrhosis can be involved in a lot of  
19 other processes. Arthritis does not sound familiar  
20 as a common association with Hepatitis C, to my  
21 knowledge.  
22 Q. All right. On the morning of June 26th,  
23 2016, I'll take you back to when you went to Anderson  
24 Hospital in Maryville. Do you remember that day?  
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1 A. I do.  
2 Q. Okay. What was the purpose of that visit?  
3 A. So, as the principal investigator, subject  
4 safety is my job. And if one of my subjects ended up  
5 in the hospital, I'm concerned about them, and I want  
6 to see how they are.  
7 Q. Okay.  
8 A. The sponsor needs to be aware if there is  
9 any serious adverse events. And to be able to  
10 communicate to the sponsor that one of the subjects  
11 had something happen to them. The sponsor wants to  
12 know those things.  
13 Q. Were you concerned, at that point, that  
14 perhaps Mr. Wallace had had an adverse event from the  
15 medication that was administered by Pharma Medica?  
16 A. At the time that I was going, I didn't  
17 know the whole story. I had heard he was in the  
18 hospital. Most of the subjects in our studies don't  
19 end up in the hospital.  
20 Q. Well, what did you know when you went to  
21 the hospital? What did you know? Before you arrived  
22 there, what did you know about Mr. Wallace's  
23 condition?  
24 A. I would have to look back in the record to  
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1 find specifically. I do remember that he had had  
2 elevated liver enzymes.  
3 Q. Are you looking for the adverse --  
4 A. I'm looking past this stuff.  
5 Q. Adverse event reports, is that what you're  
6 looking for?  
7 A. I think it'd probably be there.  
8 Q. I probably have that marked for you, if  
9 you -- Okay. Do you have the West-Ward one in front  
10 of you?  
11 A. That's not the one that -- That would've  
12 been, I believe, the sponsor is the one who does  
13 that.  
14 Q. Here, let me just mark as Exhibit No. 3  
15 the adverse event report. I think that might be what  
16 you're looking for.  
17 (Whereupon, Plaintiff's  
18 Exhibit No. 3 was marked  
19 for identification by the  
20 court reporter.)  
21 A. Yes.  
22 Q. (BY MR. WENDLER) Okay. And that is the  
23 adverse event report related to Mr. Wallace that you  
24 helped create; am I correct?  
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1 A. Correct.  
2 Q. And if we look on Page 1, which is Bates  
3 numbered 00261, it lists the sponsor as Roxane  
4 Laboratories, Inc., and the investigator, Dr. Heather  
5 Jordan; correct?  
6 A. Yes.  
7 Q. All right. So, I guess the question that  
8 brought us here is: What symptoms were you aware of  
9 that Mr. Wallace was having before you arrived at  
10 Anderson Hospital on June 26, 2016?  
11 A. We had done blood tests to show that his  
12 liver enzymes were elevated.  
13 Q. Uh-huh.  
14 A. And I -- My understanding was after -- Let  
15 me find it here. So, reviewing the record, I'm just  
16 trying to find the day that he had -- He had blood  
17 drawn on the 25th that was markedly elevated. And so  
18 we added on blood tests to see if we could determine  
19 if there was -- what the cause of the elevation of  
20 those liver enzymes were.  
21 Q. Uh-huh.  
22 A. And then the next day, it was reported to  
23 me that he had been -- I don't know that it was that  
24 next day.  
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<p>1 This adverse event report says that it was</p> <p>2 the 27th that we found out he had been admitted to</p> <p>3 the hospital. And being admitted to the hospital</p> <p>4 does meet the criteria for a serious adverse event.</p> <p>5 Q. Okay. Just for point of clarification, I</p> <p>6 think you went to Anderson Hospital on the 26th of</p> <p>7 June; did you not? Oh, I'm sorry. Your report says</p> <p>8 the 27th of June.</p> <p>9 MS. DREW: Correct. Yeah.</p> <p>10 Q. (BY MR. WENDLER) Okay. Well, let me ask</p> <p>11 you this: How did you know Mr. Wallace was at</p> <p>12 Anderson Hospital?</p> <p>13 A. The study coordinator had told me early in</p> <p>14 the morning that he had been admitted to the</p> <p>15 hospital.</p> <p>16 Q. And who was the study coordinator?</p> <p>17 A. We had three study coordinators at that</p> <p>18 time. I can't recall if it was Stacey or Israa. But</p> <p>19 one of them let me know that he was in the hospital.</p> <p>20 Q. What's Stacey's last name?</p> <p>21 A. Miner.</p> <p>22 Q. M-I --</p> <p>23 A. M-I-N-E-R.</p> <p>24 Q. And what's Israa?</p> <p style="text-align: right;">73</p> <p style="text-align: center;">May Reporting Service</p>	<p>1 A. Bio Pharma Services.</p> <p>2 Q. Okay. And let me ask you this, in</p> <p>3 general, about the adverse event report. Are these</p> <p>4 sent to the federal government?</p> <p>5 A. So, we document it, and send it to the</p> <p>6 sponsor. The sponsor does have reporting</p> <p>7 requirements to the F.D.A.</p> <p>8 Q. All right. And we have -- I'm going to</p> <p>9 mark as Exhibit 4, which appears to be a lot of</p> <p>10 duplication of Exhibit 3. The West-Ward Himka</p> <p>11 adverse event report.</p> <p>12 (Whereupon, Plaintiff's</p> <p>13 Exhibit No. 4 was marked</p> <p>14 for identification by the</p> <p>15 court reporter.)</p> <p>16 Q. (BY MR. WENDLER) Is this Exhibit 4, is</p> <p>17 this what was submitted to the federal government</p> <p>18 with regard to Mr. Wallace's condition?</p> <p>19 A. This would have been done by the sponsor.</p> <p>20 Q. Yes.</p> <p>21 A. So it would -- It appears that it is.</p> <p>22 Q. All right. So the study that you helped</p> <p>23 create, the adverse event report that we've marked as</p> <p>24 Exhibit No. 3, was not sent to the federal</p> <p style="text-align: right;">75</p> <p style="text-align: center;">May Reporting Service</p>
<p>1 A. I-S-R-A-A.</p> <p>2 Q. Last name?</p> <p>3 A. Diab, D-I-A-B.</p> <p>4 Q. Okay. One of those two persons told you</p> <p>5 that Mr. Wallace was at Anderson Hospital in</p> <p>6 Maryville; right?</p> <p>7 A. Yes.</p> <p>8 Q. And you then, on June 27th, or June,</p> <p>9 whatever the specific date was, you drove over to</p> <p>10 Anderson Hospital; correct?</p> <p>11 A. I rode with Louls.</p> <p>12 Q. Okay. Louls what?</p> <p>13 A. Louis Co.</p> <p>14 Q. C-O?</p> <p>15 A. Uh-huh.</p> <p>16 Q. Yes?</p> <p>17 A. Yes.</p> <p>18 Q. What's his position?</p> <p>19 A. He was our senior director of clinical</p> <p>20 operations.</p> <p>21 Q. Do you know what he does now for a living?</p> <p>22 A. I know he works for a different company.</p> <p>23 I don't know his job title.</p> <p>24 Q. Do you know the name of the company?</p> <p style="text-align: right;">74</p> <p style="text-align: center;">May Reporting Service</p>	<p>1 government. Instead it was sent instead to the</p> <p>2 sponsor; correct?</p> <p>3 A. Correct.</p> <p>4 Q. And the sponsor, in turn, created a report</p> <p>5 that duplicates, in large part, what your report</p> <p>6 says, and then sent it to the federal government;</p> <p>7 correct?</p> <p>8 A. Yes.</p> <p>9 Q. Okay. Do you know, Dr. Jordan, if these</p> <p>10 reports, are they supposed to be confidential? I'm</p> <p>11 just curious, if they're sent to the federal</p> <p>12 government?</p> <p>13 A. So, in the ICF, there is a statement about</p> <p>14 who would have access to your records.</p> <p>15 Q. Okay.</p> <p>16 A. So, it says, "The following people will</p> <p>17 have access to your study records: The study doctor,</p> <p>18 the study monitor, auditor, sponsor company, or</p> <p>19 research institution, the United States F.D.A.</p> <p>20 Q. What's the Bates number of the page you're</p> <p>21 reading from?</p> <p>22 A. PMRI 00012.</p> <p>23 Q. Okay. And just so we're clear, Exhibit 3</p> <p>24 and Exhibit 4 related to Study No. 2 that Mr. Wallace</p> <p style="text-align: right;">76</p> <p style="text-align: center;">May Reporting Service</p>

1 was in; correct?

2 A. **Correct. That language is standard for**

3 **the informed consent. So it would be in the informed**

4 **consent for Study No. 2, as well.**

5 Q. Okay. And it says that you were the

6 investigator on the adverse event report. What does

7 that mean, you were the investigator?

8 A. **That means that I was a principal**

9 **investigator of the study.**

10 Q. Okay. Is that your title at Pharma Medica

11 for all purposes, or just for adverse event reports?

12 A. **No, for all purposes.**

13 Q. Okay. All right. According to this

14 document that we've marked as Exhibit No. 3, on Page

15 3 it says on June 15 Mr. Wallace's AST was 59.

16 First, what is an AST?

17 A. **That's a shortened name of a common liver**

18 **enzyme.**

19 Q. And it says that his AST on June 15 was

20 59, and the normal range is between 10 and 40;

21 correct?

22 A. **Correct.**

23 Q. Did you tell Mr. Wallace, or did anyone

24 tell Mr. Wallace, at that point in time, that his

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1 liver enzymes were high?

2 A. **So, it looks like that -- So, I would say**

3 **that level, when it comes to liver enzymes, is**

4 **outside of the normal range.**

5 Q. Yes.

6 A. **It's not a level that would be a panic,**

7 **urgent phone call to contact the subject. It would**

8 **be, 'You need to come follow-up, and do that not**

9 **necessarily on an emergent basis.**

10 Q. Okay.

11 A. **So according to this, it looks like he was**

12 **contacted on the 19th.**

13 Q. Okay. So, back to my question: On June

14 15 when Mr. Wallace's liver enzyme level was at 59,

15 and the normal range is 10 to 40, no one told him on

16 June 15 of that abnormal reading; am I correct?

17 A. **That's correct.**

18 Q. All right. On the same day, June 15, it

19 says Mr. Wallace's ALT was 103. What is ALT?

20 A. **That's another form of a liver test.**

21 Q. And it says his ALT was 103, and the

22 normal range is nine to 46; correct?

23 A. **Correct.**

24 Q. Did anyone tell Mr. Wallace on June 15

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May Reporting Service

1 that his ALT reading was more than double the high

2 end of the normal range?

3 A. **No.**

4 Q. According to the same document, on June 21

5 Mr. Wallace's AST, his liver enzyme score was 253.

6 Again, the normal range is 10 to 40. Do you see

7 that?

8 A. **Yes.**

9 Q. Did anyone tell Mr. Wallace on June 21

10 that his liver enzyme reading was more than six times

11 the high end of the normal range?

12 A. **What I read on the documentation, the**

13 **staff attempted to contact the subject at 16:00 on**

14 **June 21st, but the subject was unable to be reached,**

15 **and a message was left.**

16 Q. Okay. So other than leaving the message,

17 no one told Mr. Wallace?

18 A. **We attempted to contact Mr. Wallace.**

19 Q. When participants like Mr. Wallace sign up

20 for your studies, did they give an emergency contact,

21 alternate number to reach?

22 A. **They do.**

23 Q. Did someone try to contact Mr. Wallace's

24 emergency contact?

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1 A. **That was not documented.**

2 Q. So therefore, it didn't happen?

3 MS. DREW: Object to the form of the

4 question; misstates the evidence.

5 You can answer.

6 A. **Not to my knowledge.**

7 Q. (BY MR. WENDLER) Okay. On June 21, the

8 records of Pharma Medica indicate Mr. Wallace's ALT

9 reading was 471, which is more than 10 times the

10 maximum for the normal range. On June 21 did anyone

11 contact and tell Mr. Wallace, or his emergency

12 contact person?

13 A. **Again, we attempted to contact Mr. Wallace**

14 **at 16:00 on June 21st.**

15 Q. Okay. Do you know who attempted that --

16 Strike that.

17 Do you know who attempted that contact?

18 A. **I can --**

19 Q. And how many times they called?

20 A. **That would be documented in our adverse**

21 **events. So, I'm sorry. Can you please repeat the**

22 **date?**

23 Q. Sure. On June 21 you indicated that

24 someone attempted to call Mr. Wallace because his ALT

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May Reporting Service

1 and AST scores were extremely high; correct?  
2 A. Yes.  
3 Q. Who? Who attempted to call him on June  
4 21?  
5 A. On June 21, I -- I don't see -- I don't  
6 know who tried to call him on June 21.  
7 Q. All right. Well, the adverse event report  
8 says, "Staff attempted to contact the subject at  
9 16:00 June 21, but the subject was unable to be  
10 reached, and a message was left." Do you see that?  
11 A. Yes.  
12 Q. You don't know who that staff member was?  
13 A. I do not.  
14 Q. And since it says 16:00, is it safe to  
15 assume that there was only one attempt made, a single  
16 phone call?  
17 A. I would say that's correct.  
18 Q. Okay. And you were looking at some  
19 records to try to figure out who made that call.  
20 What are you looking at?  
21 A. This is the medical adverse event comments  
22 page.  
23 Q. Should there be a notation in there to  
24 document who made that call on June 21?

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May Reporting Service

1 A. Typically, this is where I would look. I  
2 don't know if it were -- If it was documented  
3 somewhere else. Perhaps it was documented on a lab  
4 page. I don't know where that time came from.  
5 Q. Okay. Well, who would be the typical  
6 person to make a call like that to Mr. Wallace? Is  
7 there someone who is charged with that kind of  
8 responsibility?  
9 A. Typically, it would be a study  
10 coordinator.  
11 Q. Okay. And who were the study  
12 coordinators?  
13 A. That was Stacey, Israa, and then I believe  
14 Ben was a study coordinator, at that time, as well.  
15 Q. And what's Ben's last name?  
16 A. Swan.  
17 Q. And why do you say it was their job to  
18 make those calls as --  
19 A. Typically, that's -- I would assess the  
20 labs. I would take the labs to the study  
21 coordinator. If there was any that were particularly  
22 out of range, I would say, 'Call that to their  
23 attention,' that this person needs to be contacted  
24 regarding these results.

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May Reporting Service

1 Q. Okay. So, were you the person that  
2 actually received the lab results?  
3 A. So, the lab results would come to our  
4 printer. Then the study coordinator would bring them  
5 to me, and I would sign them.  
6 Q. Okay. And then you would look at the lab  
7 results, and determine whether the participant needs  
8 to be contacted; right?  
9 A. Yes.  
10 Q. And when you saw the numbers of Mr. AST  
11 of 253, and ALT of 471, you knew those were alarming  
12 numbers, and you said someone needs to contact  
13 Mr. Wallace; correct?  
14 A. Yes.  
15 Q. All right. Did you expect they would only  
16 attempt to contact him once?  
17 A. We have a protocol as far as how we can  
18 contact subjects. So, typically you would contact  
19 them at the time. And then we can't keep calling  
20 someone over and over again because that could be  
21 viewed as harassment. If they don't choose to take  
22 our phone call, we can't make them.  
23 Q. So your expectation was only one call  
24 would be made?

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May Reporting Service

1 A. We called him more than once. We called  
2 him --  
3 Q. On June 21?  
4 A. Uh-huh. Oh, on June 21? I think that's a  
5 reasonable, that we called and left a message, and  
6 you can hear the message, and call us back.  
7 Q. Okay. So just so I'm clear, it was your  
8 expectation on June 21 when you saw those alarming  
9 numbers that only one call need be made to  
10 Mr. Wallace, and if he didn't answer, just leave a  
11 message, and that was sufficient?  
12 MS. DREW: Object to the form.  
13 Q. (BY MR. WENDLER) That was your  
14 expectation?  
15 MS. DREW: Object to the form of the  
16 question. I believe it misstates her testimony. She  
17 did not say alarming.  
18 Subject to that, you can go ahead  
19 and answer.  
20 Q. (BY MR. WENDLER) Go ahead.  
21 A. My expectation was we call the subject,  
22 and get ahold of the subject, and talk to them, and  
23 take care of what needed to be done at that time.  
24 That was my expectation. If the subject doesn't

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May Reporting Service

1 answer their phone call, then we need to leave a  
2 message.  
3 Q. Okay. And is there a reason you didn't  
4 contact Mr. Wallace's emergency contact person? Just  
5 never occurred to you?  
6 MS. DREW: Object to the form of the  
7 question.  
8 A. I -- We just -- I can't answer that. I  
9 don't know.  
10 Q. (BY MR. WENDLER) Okay. All right. Let's  
11 move on to next readings. It looks like on June 25  
12 we have some more readings that came in; correct?  
13 A. Yes.  
14 Q. And on that -- Strike that.  
15 On June 25 when Mr. Wallace's new results  
16 came in, his AST was now 900 when the normal range it  
17 10 to 40; correct?  
18 A. Correct.  
19 Q. And his ALT on June 25 was 1,800 when the  
20 normal range is 9 to 46; correct?  
21 A. Correct.  
22 Q. Were you there when his blood was drawn on  
23 the 24th of June?  
24 A. I don't recall.

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May Reporting Service

1 Q. Do you know if anyone told him on the 24th  
2 of June about these high numbers that pre-dated June  
3 24? Do you know?  
4 A. I don't know the person's name. If we are  
5 calling you back to do repeat testing, we wouldn't do  
6 repeat testing for no reason.  
7 Q. Okay.  
8 A. So it should've been told to him that,  
9 'Your liver enzymes are high. We need to re-test  
10 them.'  
11 Q. Okay. So the reason that he came in for  
12 the third sample on June 24 was because the liver  
13 enzymes were so high; right?  
14 A. Yes.  
15 Q. Okay. And is there a reason why you had  
16 him come back to Pharma Medica in St. Charles, rather  
17 than just go to the nearest emergency room or  
18 hospital?  
19 A. So, when I see liver enzymes high --  
20 Q. Uh-huh.  
21 A. -- the thought is we need to investigate  
22 further, which we ordered the further blood tests.  
23 Q. Okay.  
24 A. The blood count, the liver enzymes.

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May Reporting Service

1 Q. Right.  
2 A. The INR, the muscle enzymes, the renal  
3 panel, and the Hepatitis panel to get a broader  
4 picture. And some people would be symptomatic, and  
5 so that was -- I need to see him. I need to see how  
6 he's feeling. I remember that I was like, "When can  
7 he come in?" And so they told me he could come in  
8 the next day. So, I will be there. I need to take  
9 care of him, and make sure he is -- is okay.  
10 Q. Okay. You understood Mr. Wallace lived in  
11 Illinois; right?  
12 A. I -- I don't know that I knew where he  
13 lived at the time.  
14 Q. Okay. Well, regardless of where he lived,  
15 is there a reason that you thought it important that  
16 he come back to Pharma Medica in St. Charles,  
17 Missouri, rather than go to the nearest emergency  
18 room or nearest hospital to get treatment for these  
19 high liver enzyme readings?  
20 A. So, our site is in St. Charles.  
21 Q. Uh-huh.  
22 A. And if I'm taking care of you, I'm going  
23 to take care of you on our site. If you are  
24 symptomatic, which at the time, I don't believe that

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May Reporting Service

1 I was aware that he had symptoms. If I'd had known  
2 he had symptoms, I would've been like, 'Well, you can  
3 go to the emergency room.' That's always an option.  
4 I'd never tell somebody they couldn't go to the  
5 emergency room, if they were having severe symptoms.  
6 Q. But you weren't taking care of him as a  
7 treating doctor. You told me that earlier; right?  
8 A. Correct.  
9 Q. Okay. So --  
10 A. But if he is having an adverse event, if  
11 we did end of study labs, we're seeing them get  
12 worse, that's my responsibility. I need to take care  
13 of that. And if there's -- If there is something  
14 else that is so severe you need to go to the  
15 hospital, then that's what we do.  
16 Q. Okay. Well, did Pharma Medica do anything  
17 to dissuade Mr. Wallace from going to the hospital  
18 emergency room at any point in time?  
19 A. Would I personally ever tell someone, 'No,  
20 you can't go.'? No.  
21 Q. Okay. That's not the question. Did  
22 Pharma Medica, not just you, but did anyone at Pharma  
23 Medica, to your knowledge, ever do anything to  
24 dissuade Mr. Wallace from going to a local hospital

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1 emergency room for these high liver enzyme  
2 condltions?  
3 A. To me, that seems like a broad question.  
4 Q. It is.  
5 A. I can say what I did. I would not  
6 dissuade. If someone -- If I am seeing elevated  
7 liver enzymes, and I'm like, 'Are you sick? Then you  
8 can go to the emergency room.' That's an acceptable  
9 thing to do.  
10 Q. Okay. And you said you would not dissuade  
11 him from going to the local emergency room. Why  
12 would you not dissuade him from doing that?  
13 A. If someone is ill and in need of  
14 treatment, that's -- You do -- You take care of the  
15 patient. That's what's necessary.  
16 Q. Did anyone from Pharma Medica tell you  
17 that they tried to dissuade him from going to the  
18 local emergency room, and instead tried to get him to  
19 come back to Pharma Medica for yet another blood  
20 draw? Did anyone ever tell you that?  
21 A. Not to my knowledge.  
22 Q. Would that be contrary to what you  
23 expected of the Pharma Medica people when you worked  
24 there?

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1 A. Yes.  
2 Q. Okay. And is it your testimony that you  
3 did not want Mr. Wallace to return for a fourth round  
4 of tests on June 26th rather than go to the nearest  
5 emergency room?  
6 A. It was clear that he needed further  
7 follow-up and testing.  
8 Q. Uh-huh.  
9 A. If I can see him, and evaluate him, and  
10 see does he look well? Does he need a liver  
11 ultrasound? Does he need a CT? Those are things  
12 that I can do.  
13 Q. Uh-huh.  
14 A. If I see him and he is not well, and he  
15 needs urgent care, then I can take care of that.  
16 Q. Okay. So back to my question, though: Is  
17 it your testimony that you did not want Mr. Wallace  
18 to return to Pharma Medica for a fourth round of  
19 tests on June 26th rather than go to the nearest  
20 emergency room?  
21 A. We contacted him to notify him that his  
22 liver enzymes were elevated, and that he needed to be  
23 seen, and that I could see him. That I could see  
24 him, and this says the 26th.

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May Reporting Service

1 Q. That's not quite --  
2 A. I wouldn't --  
3 Q. Sorry. Go ahead and finish.  
4 A. No. No. What is your question? I'm  
5 sorry.  
6 Q. You're not quite answering my question.  
7 First of all, did you want Mr. Wallace to  
8 return to Pharma Medica for a fourth round of tests  
9 on June 26th rather than go to the nearest emergency  
10 room? Did you want that?  
11 A. I wanted him to be assessed by someone  
12 medical. And when you are in the study that I am  
13 leading, I'm happy to do that assessment. You are  
14 welcome to come here, and I will assess you.  
15 Q. Okay. So you didn't do anything to  
16 dissuade him from going to the nearest emergency room  
17 on June 26th; am I correct?  
18 A. Correct.  
19 Q. Okay. All right. When you arrived at  
20 Anderson Hospital, you wanted Mr. Wallace to sign a  
21 medical records release form; correct?  
22 A. It would be helpful. So, when he had been  
23 admitted, he had by definition --  
24 Q. I'm not asking you why. I'm just asking

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May Reporting Service

1 you: Did you?  
2 A. Yes.  
3 Q. Did you want --  
4 A. Yes.  
5 Q. -- Mr. Wallace to sign a medical records  
6 release form at --  
7 A. Yes, I did.  
8 Q. -- Anderson Hospital? Yes?  
9 A. Yes.  
10 Q. Okay. And when you arrived at Anderson  
11 Hospital -- Strike that.  
12 Why did you want him to sign that medical  
13 records release form?  
14 A. So, he was admitted to the hospital.  
15 Q. Right.  
16 A. So, part of the reporting criteria is that  
17 I needed to give the sponsor the necessary  
18 information so they could report it to the F.D.A.  
19 Q. Okay. And Mr. Wallace declined to sign  
20 that medical records release form; correct?  
21 A. I don't -- I can't remember if he did or  
22 not. I think he -- Let's see. I don't recall if he  
23 signed it or not.  
24 Q. Okay. Fair enough.

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May Reporting Service



1 You said that you rode to Anderson  
2 Hospital with Louis Co?  
3 A. **Uh-huh.**  
4 Q. Right?  
5 A. **Yes.**  
6 Q. Did he drive, or did you drive?  
7 A. **He drove.**  
8 Q. And where was he when you went in the  
9 hospital?  
10 A. **I don't -- I think he was in the hospital.**  
11 **I don't know where in the hospital he was.**  
12 Q. You went into Mr. Wallace's room; correct?  
13 A. **Correct.**  
14 Q. Did Mr. Co come with you into the room?  
15 A. **I don't believe so. I think it was just**  
16 **myself.**  
17 Q. Okay.  
18 MR. WENDLER: Why don't we take a  
19 break?  
20 MS. DREW: Sounds good.  
21 (Whereupon, a brief recess  
22 was taken.)  
23 Q. (BY MR. WENDLER) Okay. Dr. Jordan, let  
24 me go back and ask a couple questions that I

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1 should've asked earlier, but it occurred to me during  
2 the break.  
3 But first of all, you told me earlier that  
4 when the study participants are screened, they're  
5 tested for Hepatitis C; right?  
6 A. **Correct.**  
7 Q. That's in the screening process; correct?  
8 A. **Correct.**  
9 Q. Are the study participants also tested  
10 again when they check in for the study?  
11 A. **Tested for?**  
12 Q. For Hepatitis C?  
13 A. **Not unless it's specified by the protocol.**  
14 **That would not be a routine test in most protocols.**  
15 Q. Okay. Can you tell me in Study No. 1  
16 whether that was a required test?  
17 A. **No.**  
18 Q. It was not?  
19 A. **No.**  
20 Q. Okay. How about in Study No. 2, was a  
21 blood-borne pathogens test required at the time of  
22 check-in for participants --  
23 A. **No.**  
24 Q. -- for Study No. 2?

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May Reporting Service

1 A. **No.**  
2 Q. During the screening process, if a  
3 participant tests positive for Hepatitis C, does  
4 Pharma Medica report that to the state?  
5 A. **Typically, they would.**  
6 Q. Okay. And has that occurred before, where  
7 Pharma Medica reported a participant or participants,  
8 plural, for testing positive for Hepatitis C?  
9 A. **Yes.**  
10 Q. Who was it that reported them? Was that  
11 your job, or someone else's?  
12 A. **That would typically be, if it was at**  
13 **screening, it would be the screening manager who**  
14 **would typically do that.**  
15 Q. A screening manager? And who would be a  
16 screening manager?  
17 A. **The person's name?**  
18 Q. Yes.  
19 A. **Kim clause.**  
20 Q. Ken?  
21 A. **Kim.**  
22 Q. Kim?  
23 A. **K-I-M.**  
24 Q. K-L-A-U-S?

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1 A. **K-L-A-S-S.**  
2 Q. And you said if that was found positive at  
3 the screening. Would there be any other situations  
4 where someone would test positive for Hepatitis C  
5 where Pharma Medica would report it to the state?  
6 A. **Yes.**  
7 Q. When?  
8 A. **So in this case, it would be reported to**  
9 **the state, but it would be the study coordinators**  
10 **that would do it.**  
11 Q. Okay. How about during the study itself,  
12 has it ever -- Has it ever occurred that someone  
13 tested positive in the middle of a study for  
14 Hepatitis C?  
15 A. **We don't routinely test for Hepatitis C in**  
16 **the middle of a study.**  
17 Q. Okay. At the end of the study, do you  
18 test for Hepatitis C?  
19 A. **Not routinely.**  
20 Q. Okay.  
21 A. **Again, that would be determined by the**  
22 **protocol.**  
23 Q. All right. And how was Mr. Wallace's  
24 Hepatitis C discovered?

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1 A. Because his liver enzymes were elevated.  
 2 Q. Okay. And that prompted additional  
 3 testing?  
 4 A. Correct.  
 5 Q. Okay. Did you turn -- Strike that.  
 6 Did you report Mr. Wallace to the State of  
 7 Missouri for being Hepatitis C positive?  
 8 A. Yes.  
 9 Q. Okay. In your career at Pharma Medica,  
 10 approximately how many times have you reported  
 11 patients to the State of Missouri for testing  
 12 positive for Hepatitis C?  
 13 A. I don't think I could give you an exact  
 14 number.  
 15 Q. Just ball park is fine?  
 16 A. At screening, maybe two or three per year  
 17 through screening --  
 18 Q. Okay.  
 19 A. -- would be an estimate.  
 20 Q. And how about after screening?  
 21 A. So, like after a study?  
 22 Q. Right.  
 23 A. I can only recall one other time that  
 24 there was a Hepatitis C after screening -- after

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1 study.  
 2 Q. Okay. Do you remember that patient's  
 3 name, or are you at liberty to stay?  
 4 MS. DREW: I'm going to instruct her  
 5 not to answer as to the patient's name.  
 6 Q. (BY MR. WENDLER) Okay. Let me just ask  
 7 you. Without telling me the patient's name, do you  
 8 know the patient's name?  
 9 A. I know what study the patient was -- the  
 10 subject was in.  
 11 Q. Okay.  
 12 A. I don't know that --  
 13 Q. Okay.  
 14 A. -- I remember the name.  
 15 Q. Which study was it? Was it before, or  
 16 after, or during the study?  
 17 A. Not during. It was after. I'm just  
 18 thinking. I can think of the study. I knew the  
 19 study number like five minutes ago. I don't know  
 20 that I can -- It's just slipped my mind.  
 21 Q. Do you remember what the drug was that was  
 22 being tested, or the time frame?  
 23 A. I know it was last summer. It was --  
 24 Q. The summer of '18?

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1 A. Yes.  
 2 Q. Okay.  
 3 A. It was not -- It was like a compound name  
 4 that I don't remember the -- It was letters and  
 5 numbers together, but I don't recall the number.  
 6 Q. And what department in the State of  
 7 Missouri are these reported to?  
 8 A. The health department.  
 9 Q. Okay. Okay. Back to Anderson Hospital.  
 10 When you got there, did you tell Mr. Wallace that you  
 11 were already en route to Pharma Medica when you got  
 12 the call, and you diverted to go to Anderson  
 13 Hospital?  
 14 A. No. I had arrived to Pharma Medica that  
 15 day. And I was informed that he was in the hospital.  
 16 And that's when I said, 'Well, I need to go check on  
 17 him to see that he is okay. And see what's going on  
 18 that he's in the hospital.'  
 19 Q. Okay.  
 20 A. And Louis was like, 'I'll drive you.'  
 21 Q. Okay. So you didn't tell Mr. Wallace that  
 22 you were on your way to Pharma Medica when you got  
 23 the call, and you diverted to Anderson Hospital prior  
 24 to going to Pharma Medica? You didn't tell him that?

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1 A. I don't recall that.  
 2 Q. Okay. When you got to Anderson Hospital,  
 3 did you talk to any of the doctors or nurses?  
 4 A. When I was in the room with Mr. Wallace, a  
 5 couple of staff members came in.  
 6 Q. Yes.  
 7 A. So, I had my name badge on so that it was  
 8 obvious who I was, that I wasn't related to  
 9 Mr. Wallace, and that I didn't work for the hospital.  
 10 And I handed them my card so that they knew who I  
 11 was.  
 12 Q. Okay. This was a nurse, or nurses, or the  
 13 doctor, or who was it?  
 14 A. I would say it was a staff member. I  
 15 don't believe it was a doctor. I believe it was a  
 16 nurse, perhaps a nurse practitioner. I don't believe  
 17 I spoke to any doctors there.  
 18 Q. Okay. Did you tell any of the Anderson  
 19 Hospital staff members, whether it's a nurse, a  
 20 doctor, or otherwise, about Mr. Wallace being in a  
 21 study?  
 22 A. I did. I gave them my card because that's  
 23 crucial medical information. If he's in the  
 24 hospital, and he recently took a study drug, that's

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1 Information that's crucial to his treatments.  
2 Q. Okay. Did you tell this to the doctor, or  
3 to the nurses, or who did you tell that to?  
4 A. Again, I don't believe I talked to any  
5 doctors.  
6 Q. Okay. And did you tell them anything more  
7 about the study that he was in?  
8 A. I believe that we took -- Louis had  
9 printed off some information. I believe that it was  
10 the lab levels that we had been drawing. Perhaps it  
11 might've been more. I don't remember what we took  
12 with us. But information for -- that we left on his  
13 table so that he could share that with medical staff  
14 to let them know.  
15 Q. Whose table?  
16 A. You know the little tables that they have  
17 at the hospital?  
18 Q. The food tables that was in Mr. Wallace's  
19 room?  
20 A. Yes. Uh-huh.  
21 Q. All right. So you left it there for  
22 Mr. Wallace to give to the doctors?  
23 A. So that it was there. So if they had  
24 questions, this is what drug we administered to

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1 him.  
2 Q. When you went to the hospital, did you go  
3 there on your own accord, or did someone tell you to  
4 go?  
5 A. I went on my own accord.  
6 Q. Okay. And just so I'm clear, you never  
7 spoke to any of Mr. Wallace's doctors at Anderson  
8 Hospital; correct?  
9 A. I -- I don't believe that I did. I  
10 believe that -- I know that I talked to two staff  
11 members that were both female. I believe one was a  
12 nurse, and a nurse practitioner. I don't recall any  
13 of them being a physician.  
14 Q. Is there anything that you said to the  
15 nurses or nurse practitioner, other than what you've  
16 told me about already?  
17 A. No.  
18 Q. Other than the adverse event report, did  
19 you create any record or report of your trip to  
20 Anderson Hospital?  
21 A. I did write a note. Let me see if this  
22 was from that date. No. This was when he came to  
23 Pharma Medica. I don't recall if I wrote a note  
24 about that or not.

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1 Q. All right. Did you report Mr. Wallace's  
2 Hepatitis condition to anyone, other than the State  
3 of Missouri Department of Health?  
4 A. We reported it to the sponsor.  
5 Q. Anyone else?  
6 A. The sponsor would've reported it to the  
7 F.D.A.  
8 Q. Did you report it to anyone else?  
9 A. Other than the documentation that's here,  
10 I didn't report it to anyone else.  
11 Q. Okay. And you -- Just so I'm clear, you  
12 never provided any treatment to Mr. Wallace for  
13 Hepatitis C; correct?  
14 A. Correct.  
15 Q. And the reason you didn't provide  
16 treatment was what?  
17 A. So, it depends -- Treatment for Hepatitis  
18 C is typically done by hepatologists, which I'm not a  
19 specialist of liver disease.  
20 Q. Okay. Did Pharma Medica ever offer to pay  
21 for any of Mr. Wallace's treatment?  
22 A. I don't know that. I don't know if that  
23 was offered or not.  
24 Q. All right. Turning to Exhibit 3 on Page

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1 5, is that your signature?  
2 A. It is.  
3 Q. How about on Page 8, is that also your  
4 signature there?  
5 A. Yes.  
6 Q. Did you ever report adverse events for  
7 other study participants?  
8 A. I don't understand the question.  
9 Q. Well, have you ever filled out an adverse  
10 event report for any participant, other than  
11 Mr. Wallace?  
12 A. So, this adverse event would be a severe  
13 adverse event. Any severe adverse event would follow  
14 this format. So, yes.  
15 Q. Okay. And how many times have you  
16 submitted adverse event reports?  
17 A. I don't know that I could give you a  
18 number.  
19 Q. Just ball park?  
20 A. They weren't terribly common. Perhaps one  
21 to two per year.  
22 Q. Did you ever submit any adverse event  
23 reports, other than for Mr. Wallace, for Hepatitis C?  
24 A. I don't recall. I don't believe so.

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1 Q. Do you know, one way or the other, Dr.  
2 Jordan, if any of the employees at Pharma Medica  
3 during the time of the study that we're here about  
4 today, if any of the employees had Hepatitis C? Do  
5 you know, one way or the other?  
6 A. I do not know.  
7 Q. And that same would be true for the other  
8 study that we're here about today, too; right?  
9 A. Correct.  
10 Q. After Mr. Wallace was diagnosed with  
11 Hepatitis C, did Pharma Medica do anything to screen  
12 or test the Pharma Medica employees, or any other  
13 participants in the study?  
14 A. No. I will say not to my knowledge.  
15 Q. Okay. If you could turn to Exhibit No. 4,  
16 the West-Ward adverse event report?  
17 A. Uh-huh.  
18 Q. I think you've already told us this is the  
19 study that also relates to Mr. Wallace; correct? I'm  
20 sorry. It's the adverse event report that relates to  
21 Mr. Wallace?  
22 A. Yes.  
23 Q. Right? On Page Bates numbered 431, down  
24 at the bottom where it says other remarks, it says,

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1 "Investigator's assessment of causality: The  
2 increased AST and ALT levels, and Hepatitis C are  
3 unlikely related to the study drug." Do you see  
4 that?  
5 A. Yes.  
6 Q. Did you write that?  
7 MS. DREW: I'm going to object to  
8 the form of the question because she's already  
9 testified that Exhibit 4 was authored by the sponsor.  
10 Subject to that, you can go ahead  
11 and answer, if you know.  
12 A. So, I assessed the AEs. And on our AE  
13 form, I assessed that the causality was unlikely.  
14 Q. (BY MR. WENDLER) Okay. And what you  
15 meant by that is you don't feel there was anything in  
16 the drug itself that Mr. Wallace was testing as a  
17 participant that caused Hepatitis C; correct?  
18 A. Correct.  
19 Q. Okay. And the reason I ask you about this  
20 is it says, "Investigator's assessment." And you  
21 were the investigator that is being referenced here;  
22 correct?  
23 A. Yes.  
24 Q. Okay. All right. If you turn to Page

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1 438, this is a three-page memo or e-mail that was  
2 written by Mr. Wallace that was attached to the  
3 West-Ward adverse event report. But I want you to  
4 read through that, if you need to, and tell me if  
5 there is anything in there that you disagree with?  
6 And if so, just blurt it out as you're reading.  
7 A. I actually authored a reply to this to  
8 Salus IRB.  
9 Q. Okay. And is that in that stack of  
10 documents that you reviewed before the deposition?  
11 A. I don't know.  
12 Q. Okay. And you shared that reply to Salus  
13 IRB?  
14 A. So, Salus IRB, they're in charge of  
15 subject safety. So, if a subject complains to them,  
16 it's my job to respond to the complaint. So I did  
17 provide a written response to the IRB regarding that.  
18 Q. And you sent it to the IRB?  
19 A. Uh-huh.  
20 Q. Yes?  
21 A. Yes.  
22 Q. Okay. Go ahead. Go ahead and read  
23 through what Mr. Wallace wrote, and tell me what you  
24 disagree with?

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1 A. Well, probably -- He says we did not  
2 bother to tell him his labs were off. We had made  
3 several attempts to contact him about it, his labs.  
4 Q. Okay. Keep going.  
5 A. I would be surprised if Israa told him, if  
6 he said he had symptoms, that Israa would say, 'No,  
7 just come back.'  
8 Q. Okay. You said you'd be surprised. But  
9 I'm asking what you can tell me as a matter of fact  
10 you know that you disagree with?  
11 A. Well, I wasn't on that phone call between  
12 Israa and Mr. Wallace. I know Israa. I know that if  
13 someone was complaining of symptoms such as, 'My head  
14 hurts really bad, and I'm short of breath,' that if  
15 she didn't medically know, she would contact me.  
16 Q. Okay. And Israa is the woman you spoke  
17 about earlier, but Mr. Wallace spelled I-S-S-I-A?  
18 A. Issla. I would assume that's Israa. We  
19 don't have an Issia that worked for us.  
20 Q. And remind me what Israa's last name is?  
21 A. Diab.  
22 Q. Can you spell that?  
23 A. D-I-A-B.  
24 Q. Okay. Keep going. What else do you

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1 disagree with in Mr. Wallace's narrative here?  
2 A. It was against Pharma Medica's wishes that  
3 he went to the hospital. If he was having shortness  
4 of breath, and unbearable stomach pain? Absolutely  
5 not. If you're having symptoms that are unbearable,  
6 go to the emergency room. That's completely  
7 acceptable. That would not have been against Pharma  
8 Medica's wishes.  
9 So, he said he was confused how I found  
10 him there. He notified us that he was in the  
11 hospital.  
12 Q. How do you know that?  
13 A. When I look here -- Here I go. Stacey  
14 documented, "Spoke with subject at 8:55. He stated  
15 he was admitted to the hospital yesterday afternoon,  
16 June 26th." So he told our study coordinator that he  
17 had been admitted.  
18 Q. What page were you referring to? What's  
19 the Bate's number on there?  
20 A. This one? It's PMRI 00328.  
21 Q. Okay. Go ahead. Back to Mr. Wallace's  
22 narrative, what else do you disagree with?  
23 A. So, I would just state that I introduced  
24 myself to the people who came into the room so there

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1 was no confusion that I was a family member, or  
2 something; that they would know why I was there so  
3 that they would know if they didn't want to say  
4 something in front of me, that they could ask me to  
5 leave; that I didn't want to misrepresent who I was.  
6 Q. So you don't disagree with the statement  
7 that she introduced herself to a couple NPs who came  
8 into the room as the study doctor. You don't  
9 disagree with that; am I right?  
10 A. I did introduce myself.  
11 Q. So you don't disagree?  
12 A. Correct. I don't disagree.  
13 Q. I'm just asking what in this narrative you  
14 disagree with?  
15 A. Okay.  
16 Q. So keep going, please?  
17 A. I would say that I was -- I am surprised  
18 that they would discharge him from the hospital, if  
19 he was so sick that he had to go back to the  
20 emergency room.  
21 Q. Okay. You don't disagree with that?  
22 A. No, I wasn't there.  
23 Q. You're just surprised; right?  
24 A. I wasn't there --

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1 Q. Okay.  
2 A. -- to assess his discharge.  
3 Q. What else do you disagree with?  
4 A. I know Stacey. I worked with her for  
5 years. I have not witnessed her cussing at subjects,  
6 and telling them that they probably shot heroin.  
7 Q. What's Stacey's last name?  
8 A. Miner, M-I-N-E-R.  
9 Q. Okay. Again, that's something that you  
10 don't disagree with, you just find hard to believe?  
11 A. I mean, if I wasn't on the phone call  
12 between Stacey and Mr. Wallace, I can't state what  
13 happened.  
14 Q. Okay.  
15 A. However, there was a level of  
16 professionalism that we don't cuss at subjects. We  
17 don't accuse them of things that we don't have proof  
18 of.  
19 Q. I get it. I'm just trying to speed things  
20 up here to try to tell -- to have you tell me what  
21 you disagree with --  
22 A. Okay.  
23 Q. -- not what you want to talk about, or  
24 explain, just what you disagree with.

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1 A. I disagree that we would tell him we would  
2 have no conversations with him until he's released  
3 hospital records.  
4 Q. And where do you see that on Page 2?  
5 A. 00439. It's, "I was really upset. She  
6 said, 'I'm, we will have no further interventions  
7 with you, or conversations until you have released  
8 hospital records to us. Good-bye.'"  
9 Q. He's not referencing something you said  
10 there. Do you agree with that?  
11 A. Correct. I agree. I doubt Stacey would  
12 call him a liar. So, I disagree that she accused him  
13 of lying.  
14 I think there's other sources of Hepatitis  
15 C. So, when it says the doctors at all hospitals  
16 agreed it was acute Hepatitis C, I do agree with  
17 that. And due to clean Hepatitis C on paperwork for  
18 weeks before at screening Pharma Medica, that the  
19 most likely source of infection from a dirty needle.  
20 There is other sources of Hepatitis C exposure. We  
21 don't use dirty needles. I would disagree that  
22 Pharma Medica uses dirty needles.  
23 I would disagree that Louis said, 'I'll  
24 make you deal.' He didn't make deals with people.

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1 Pharma Medica does supply lab work, upon  
 2 request, but there is proper procedures that have to  
 3 be taken. So, if someone shows up and says, 'I want  
 4 my records,' you have to fill out a form. It goes to  
 5 QA. They're not released until the study is over.  
 6 So, that wouldn't typically -- If someone walked in,  
 7 and said, 'Give me my records,' that wouldn't be the  
 8 case.  
 9 Q. All right. So Mr. Wallace could get any  
 10 of his records from Pharma Medica by filling out the  
 11 form --  
 12 A. You could.  
 13 Q. -- and going through proper channels?  
 14 A. You could request what records, yes. You  
 15 could request your lab results.  
 16 Q. Okay. For any of the studies?  
 17 A. Uh-huh.  
 18 Q. Yes?  
 19 A. You could request your lab results for the  
 20 studies, yes.  
 21 Q. Okay. And Pharma Medica would produce  
 22 those, provided that proper paperwork is filled out;  
 23 correct?  
 24 A. Correct.

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1 Q. Okay. Anything else you disagree with in  
 2 Mr. Wallace's narrative there?  
 3 A. When it says the doctors aren't sure if  
 4 the study drug was part of the reason, and I -- I  
 5 don't believe that the study drug caused his  
 6 Hepatitis C.  
 7 Q. Okay.  
 8 A. So I would disagree that the doctors  
 9 aren't sure if the study drug is part of the reason.  
 10 Q. Anything else that you disagree with?  
 11 A. I believe I agree with the rest of it.  
 12 Q. Okay. Did Mr. Wallace ever tell you  
 13 anything that would cause you to think he got  
 14 Hepatitis C from something else, other than a dirty  
 15 needle at Pharma Medica?  
 16 A. He -- I did talk to him about other  
 17 sources. He did deny them.  
 18 Q. Okay. So, he didn't tell you anything  
 19 that would cause you to think he got Hepatitis C from  
 20 a source, other than from Pharma Medica; am I  
 21 correct?  
 22 A. I'm not assuming he got it from Pharma  
 23 Medica. But other than that, yes, it's correct.  
 24 Q. Okay. Have you ever seen, Dr. Jordan, the

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1 report of the expert that we hired in this case?  
 2 A. No, I don't think --  
 3 Q. Okay. Let me have you take a look at that  
 4 real quick. We'll mark this as Exhibit 5.  
 5 (Whereupon, Plaintiff's  
 6 Exhibit No. 5 was marked  
 7 for identification by the  
 8 court reporter.)  
 9 Q. (BY MR. WENDLER) And I would like you to  
 10 read through that, and tell me what parts, if  
 11 anything, of that you agree with, starting with --  
 12 You don't need to read his background and  
 13 credentials. But in the narrative section starting  
 14 on Page 27  
 15 MS. DREW: I'm going to instruct her  
 16 not to answer. She has not reviewed any of the  
 17 medical records that he has reviewed in this case.  
 18 She's not being presented as an expert witness. And  
 19 I'm instructing her not to answer.  
 20 MR. WENDLER: You can't instruct her  
 21 not to answer unless you're claiming a privilege.  
 22 MS. DREW: You're asking for expert  
 23 testimony.  
 24 MR. WENDLER: Again, unless you're

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1 claiming privilege, you cannot instruct her not to  
 2 answer the question. That's the rules.  
 3 Q. (BY MR. WENDLER) So, go ahead and read  
 4 through the narrative section, and tell me if you  
 5 disagree with anything that that expert wrote?  
 6 A. I would say I have not reviewed any of the  
 7 documents that he's listed.  
 8 Q. And that's -- I understand that. I'm not  
 9 suggesting that you have.  
 10 A. I can read the narrative, but I feel like  
 11 I'm at a disadvantage when I have not reviewed any of  
 12 the background --  
 13 MS. DREW: Doctor --  
 14 A. -- that he has.  
 15 MS. DREW: Doctor, if you can't  
 16 comment, one way or the other, that's a perfectly  
 17 appropriate answer.  
 18 A. Okay.  
 19 MS. DREW: You don't have to give an  
 20 answer, and say what you agree or disagree with since  
 21 you've already established in direct testimony that  
 22 you're not an expert in Hepatitis C.  
 23 A. I am not an expert. And he's had 27 items  
 24 of review that I've not reviewed.

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1 Q. (BY MR. WENDLER) Okay. And I -- I am not  
2 suggesting that you have reviewed it. I just want to  
3 know if there is anything in the expert's report that  
4 he says that you say, 'I know that's wrong.'  
5 MS. DREW: Objection.  
6 Q. (BY MR. WENDLER) Without reading the  
7 records, without reviewing anything --  
8 MS. DREW: Object to the form of the  
9 question.  
10 Q. (BY MR. WENDLER) -- If you can tell me  
11 something that he wrote that --  
12 MS. DREW: Object to the form of the  
13 question; speculation.  
14 MR. WENDLER: Would you let me  
15 finish, please?  
16 MS. DREW: Sure.  
17 Q. (BY MR. WENDLER) I want to know if there  
18 is something he wrote that you, as you sit here  
19 today, without reading any of the records, without  
20 reviewing anything that he's looked at, that you can  
21 tell me that you say, 'I know he's wrong.' That's  
22 all I'm asking?  
23 MS. DREW: Object to the form of the  
24 question; calls for speculation; calls for improper  
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1 medical testimony, and expert testimony.  
2 Q. (BY MR. WENDLER) Go ahead.  
3 A. **I would say this is seven pages with a lot**  
4 **of detail that I can't specifically --**  
5 Q. I'm just asking you about the narrative,  
6 the narrative section.  
7 A. **Well, when I look at this, "Mr. Wallace**  
8 **screened at Spaulding Medical on May 18 and 22nd." I**  
9 **don't know that to be true. Is it incorrect? I**  
10 **don't know that it's incorrect, but I don't have**  
11 **information to know that that's true.**  
12 Q. And that's what I'm getting at. If there  
13 is something in here that you know is incorrect, I'm  
14 not asking you that you agree with everything else.  
15 I'm just saying, read this, and tell me if there is  
16 something in here that you know is incorrect. Not  
17 necessarily that you agree with everything else he  
18 wrote?  
19 MS. DREW: Well --  
20 A. **Well, I don't know that he screened at**  
21 **Spaulding so I can't say that -- that I know to be**  
22 **true. I don't know that to be true.**  
23 MS. DREW: I'm going to object to  
24 this.  
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1 Q. (BY MR. WENDLER) Again, therefore, you  
2 cannot say it's incorrect or correct? And I don't  
3 care about that. What I want to know is if there is  
4 something that he wrote that you say, 'I know that is  
5 incorrect.' Tell me what it is?  
6 MS. DREW: You know what? I'm going  
7 to object to the question. I'm going to instruct her  
8 not to answer. And you can take it up with the  
9 judge. Certify the question. Go for it.  
10 Q. (BY MR. WENDLER) Well, are you going to  
11 refuse to answer this question?  
12 A. **I'm going to follow my -- the advice of my**  
13 **attorney.**  
14 Q. Okay. And therefore, not answer the  
15 question?  
16 A. **Yes, I will not answer the question.**  
17 MR. WENDLER: Okay. The questions  
18 will be certified. And that would include all the  
19 questions relative to the narrative section of Dr.  
20 Hull's report.  
21 Q. (BY MR. WENDLER) How about in the  
22 Hepatitis C section, can you go there, starting on  
23 Page 3? Bottom of Page 3?  
24 MS. DREW: Same objections. She's  
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1 already testified that she's not an expert in  
2 Hepatitis, and asking her to speculate in a field  
3 that she's not trained in is inappropriate. It's an  
4 improper question. It's asking for expert testimony.  
5 And I'm going to instruct her not to answer.  
6 Q. (BY MR. WENDLER) Are you again not going  
7 to answer the question based on the advice of --  
8 A. **Correct.**  
9 Q. -- Ms. Drew?  
10 A. **I am not going to answer based on the**  
11 **advice of my attorney.**  
12 Q. Okay. And just so we're clear, if I take  
13 this up with the judge, and the judge says you have  
14 to come back here and answer these questions, and  
15 maybe pay my attorney's fees for having to come back  
16 here to do that, you're willing to take that risk?  
17 MS. DREW: Brian, I am the one  
18 that's willing to take that risk.  
19 MR. WENDLER: I'm not talking to  
20 you. I'm talking to her.  
21 MS. DREW: She is my client. You do  
22 not talk to her. You talk to her through me. I am  
23 representing her. She is a former employee. If you  
24 want to violate ethical rules, go ahead and talk to  
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1 my client directly.  
2 MR. WENDLER: Teri, all I'm saying  
3 is when I ask her a question, I don't want an answer  
4 from you. You can object all you want. I want  
5 answers from her, or you tell me she's not going to  
6 answer.  
7 MS. DREW: She doesn't have to  
8 answer about who's going to take care of any  
9 attorney's fees. She's being represented through her  
10 capacity as a former employee of Pharma Medica.  
11 Trying to infer that she personally is responsible  
12 for fees is inappropriate, and you know that.  
13 MR. WENDLER: I don't know where  
14 you're even coming from on this because there's a lot  
15 of inappropriateness going on here, but it's not from  
16 my end.  
17 Q. (BY MR. WENDLER) But anyway, back to the  
18 report, Hepatitis C section, ma'am, you're not going  
19 to answer any questions about whether you disagree  
20 with that; am I correct?  
21 A. Correct.  
22 Q. And you're not going to tell me if the  
23 statement, Hepatitis C is a disease of the liver  
24 caused by the Hepatitis C virus? You won't tell me

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May Reporting Service

1 If you agree or disagree with that?  
2 MS. DREW: I instruct the witness  
3 not to answer.  
4 MR. WENDLER: Okay. Certify that  
5 entire section of questions on the Hepatitis C  
6 section.  
7 Q. (BY MR. WENDLER) Moving onto the  
8 discussion section. Again, I would ask that you read  
9 through that, and tell me if there is anything in  
10 there that you disagree with that Dr. Hull wrote?  
11 MS. DREW: I am going to instruct  
12 Dr. Jordan not to answer the question. It's an  
13 inappropriate question, and asks her to assume  
14 evidence that she does not have. It causes her to  
15 speculate. And it's improper trying to get her to  
16 comment as a medical provider who's already testified  
17 her area of expertise is not Hepatitis, to comment on  
18 an expert who's basing his opinions, discussions on  
19 records that Dr. Jordan has not had an opportunity to  
20 review, evaluate, and/or consider.  
21 Therefore, I'm instructing her not  
22 to answer.  
23 Q. (BY MR. WENDLER) And again, you're not  
24 going to answer based on the advice of Ms. Drew?

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May Reporting Service

1 A. Correct.  
2 Q. All right.  
3 MR. WENDLER: Again, certify that  
4 section of questions on the discussion section.  
5 Q. (BY MR. WENDLER) Then finally on the  
6 conclusions section, Dr. Jordan, Dr. Hull has listed  
7 three opinions there. Can you read through those  
8 opinions, and tell me if you agree or disagree with  
9 those conclusions that he -- that is there in the  
10 conclusion section?  
11 MS. DREW: Same objections as  
12 before. And I'm instructing her not to answer.  
13 Q. (BY MR. WENDLER) And again, are you not  
14 going to answer based on the advice of --  
15 A. Yeah.  
16 Q. -- Ms. Drew?  
17 A. Yes.  
18 Q. Okay.  
19 (Whereupon, Plaintiff's  
20 Exhibit No. 6 was marked  
21 for identification by the  
22 court reporter.)  
23 Q. (BY MR. WENDLER) Handing you Exhibit No.  
24 6, ma'am, this is Defendant's Second Supplemental

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May Reporting Service

1 Rule 26 (a)(1) Disclosures. Do you see that?  
2 A. Yes.  
3 Q. Okay. I'm going to ask you what these  
4 people did at Pharma Medica, to your knowledge.  
5 Okay?  
6 A. Uh-huh.  
7 Q. What does a group leader do?  
8 A. A group leader would typically be a  
9 supervisor of the clinical area.  
10 Q. Supervisor of the what?  
11 A. Of the clinical area. So --  
12 Q. And the clinical area would be the area  
13 where blood is drawn?  
14 A. Yes.  
15 Q. What other areas would that include, if  
16 any?  
17 A. That would be the clinic. They would  
18 supervise the phlebotomy staff. They would supervise  
19 the sample processing. And they would be in the  
20 clinic as a supervisor.  
21 Q. Okay. Starting on Page 2, there are  
22 number of people listed here. Dr. Khan,  
23 Mr. Yahmlah. And then it carries over to the next  
24 page. All of the persons that are listed with

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May Reporting Service

1 Canadian addresses, can you tell me what they did at  
2 Pharma Medica in St. Charles while you were there,  
3 starting with Dr. Khan?  
4 A. So, Dr. Khan was the vice-president of  
5 clinical operations. So, he would help in designing  
6 the study to make sure that all of the protocol  
7 requirements were met.  
8 Q. And how often was he actually at the St.  
9 Charles facility when you were in charge there?  
10 A. It would depend on the nature of the  
11 study. If it was a more complex study, he would be  
12 more likely to come down and stay.  
13 Q. How about for Study No. 1 in this case,  
14 was he involved in that?  
15 A. I don't recall that he was.  
16 Q. How about Study No. 2, was Dr. Khan  
17 involved in that?  
18 A. I do not recall that he was.  
19 Q. All right. Do you know if he, Dr. Khan,  
20 had any involvement in either of the studies, 1 or  
21 Study 2, that are involved in this case?  
22 A. He would have to read the protocols.  
23 Q. Uh-huh.  
24 A. He would've communicated with Louis any

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May Reporting Service

1 specifics as far as clinic set-up, or staffing. But  
2 he didn't have -- I don't know what else he would've  
3 done on the studies, besides that. He was in Canada  
4 for those, I believe.  
5 Q. Mr. Yamlaoui, what did he do in Study 1 or  
6 Study 2?  
7 A. So, Latifa is the clinical trial director.  
8 She is available for consultation, if there's any  
9 clinical trial questions. But she was not present  
10 for the study.  
11 Q. For either one?  
12 A. Correct.  
13 Q. All right. Mr. Bouhajjib?  
14 A. He is in the charge of the bio analytical  
15 lab in Canada.  
16 Q. Did he have any involvement in Study 1 or  
17 Study 2?  
18 A. I'd have to -- If Pharma Medica did the  
19 sample processing, then he would've been in charge of  
20 how the samples were analyzed in Canada.  
21 Q. Okay. So he was not part of the study as  
22 it took place in St. Charles, Missouri; correct?  
23 A. Correct.  
24 Q. All right. How about -- The next one is

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May Reporting Service

1 Mr. or Mrs. Mehan; is that it?  
2 A. Arun is a protocol writer.  
3 Q. Did he have anything to do with Study One  
4 or Study Two in St. Charles?  
5 A. No. He lives in Canada.  
6 Q. Mr. Markus, did he have anything to do  
7 with Study 1 or Study 2?  
8 A. I don't believe he worked at Pharma Medica  
9 at the time.  
10 Q. Okay. Next is Armando Desousa. Did he  
11 have anything to do with the Study 1 or Study 2 in  
12 this case?  
13 A. No.  
14 Q. Next we have Louis Co. You talked about  
15 him a little earlier. But did he have anything to do  
16 with the study?  
17 A. So, he was our senior director of clinical  
18 operations. So, he would be working with Shabaz to  
19 make certain that the study was planned out such that  
20 we knew how many blood draw tables, we had all the  
21 supplies that were required, and the staff that was  
22 required.  
23 Q. Okay. The staff would include the  
24 phlebotomists, and the interns?

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May Reporting Service

1 A. As well as the group leads, and the  
2 paramedics.  
3 Q. Okay. And is he the one that you said now  
4 works for a different pharmaceutical-testing  
5 facility?  
6 A. Yes.  
7 Q. Do you know how to reach him? Do you have  
8 his phone number, or anything like that?  
9 A. I do have his phone number.  
10 Q. Can you give it to us, please?  
11 A. I don't -- It's in my phone. Do you want  
12 me to --  
13 Is that okay?  
14 MS. DREW: Uh-huh.  
15 A. Is it not listed in this paper here?  
16 Q. (BY MR. WENDLER) It's listed as Pharma  
17 Medica. Well, maybe not.  
18 A. That's not Pharma Medica's number.  
19 MS. DREW: No.  
20 Q. (BY MR. WENDLER) That is his correct  
21 number there?  
22 A. I don't know. I would assume that it is.  
23 Q. Can you compare it to your number, and let  
24 us know?

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May Reporting Service



1 (Whereupon, an off the  
2 record discussion was  
3 held, which by direction  
4 was not stenographically  
5 reported.)  
6 A. I do have a different number.  
7 Q. (BY MR. WENDLER) Okay. What do you have?  
8 A. 647-621-5580.  
9 Q. Okay. I'm looking to see if there are any  
10 other Canadians on the list. And I don't see any.  
11 Okay.  
12 On the list there is a job title called  
13 sub-investigator. For example, Sharon McGlorn?  
14 A. Uh-huh.  
15 Q. What did the sub-investigator do at Pharma  
16 Medica?  
17 A. So, a sub-investigator was like an  
18 extension of myself. So, they would assist with  
19 check-ins. They would assist with monitoring the  
20 dosings. Occasionally they would be on-call. And  
21 they were able to assess screening, post-study labs,  
22 and DCGs, as required.  
23 Q. By the way, are you still on the payroll  
24 at Pharma Medica at all?

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May Reporting Service

1 A. I am.  
2 Q. And in what capacity?  
3 A. In terms of a severance.  
4 Q. Terms of a severance?  
5 A. Uh-huh.  
6 Q. Yes?  
7 A. Yes.  
8 Q. Okay. And tell me your understanding of  
9 the severance package that you got?  
10 A. My understanding was in return for my  
11 assistance to help with the close-out activities of  
12 the site, I would be compensated with six months of  
13 salary.  
14 Q. Okay. And the close-out activities of the  
15 site, would that include participate in the defense  
16 of this case?  
17 A. They were not specified. The main things,  
18 as far as close-out of the site, were study  
19 documents, and study drugs.  
20 Q. Okay.  
21 A. To get them out of the building.  
22 Q. Okay. Do you have a written severance  
23 agreement, or a severance contract with Pharma  
24 Medica?

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May Reporting Service

1 A. I have a letter of severance.  
2 Q. Okay. Was there ever any discussion, or  
3 anything in the severance letter that relates to you  
4 cooperating in the defense of this lawsuit?  
5 A. No.  
6 Q. That was never discussed?  
7 A. No.  
8 Q. Did you show up here today just  
9 voluntarily?  
10 A. Yes.  
11 Q. Okay. And you're not being paid for your  
12 time here today?  
13 A. Not specific. I mean, the severance did  
14 not list this. So, I'm not being compensated in any  
15 other way.  
16 Q. Okay. Was it your understanding that you  
17 had to show up here as part of your severance  
18 agreement?  
19 A. No.  
20 Q. So you're just here voluntarily, free of  
21 charge, as far as you're concerned?  
22 A. Yes.  
23 Q. Okay. Do you know, are you eligible for a  
24 rehire at Pharma Medica?

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May Reporting Service

1 A. They don't have a location in St. Louis.  
2 I would imagine I would be eligible for rehire. I  
3 can't speak to that. I don't know what my file is  
4 labeled in Canada.  
5 Q. Okay. So, you have a severance payment  
6 that you are receiving from Pharma Medica. You said  
7 six months worth of pay?  
8 A. Yes.  
9 Q. Do you also get a pension of any sort from  
10 Pharma Medica?  
11 A. No.  
12 Q. Your only compensation from Pharma Medica  
13 that you're getting as of today is the severance  
14 payment; correct?  
15 A. Correct.  
16 Q. Do you have anything like a retirement,  
17 IRA, or anything that?  
18 A. Nothing from Pharma Medica.  
19 Q. Okay. Are there any companies affiliated  
20 with Pharma Medica that have provided a severance, or  
21 retirement, or IRA, or 401(k) package for you?  
22 A. Are you asking about my personal  
23 retirement income?

MS. DREW: No.

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May Reporting Service

1 Q. (BY MR. WENDLER) If it's affiliated with  
2 Pharma Medica?  
3 A. No. No.  
4 Q. That's what I'm asking about?  
5 A. No.  
6 Q. And the only reason I'm asking is some  
7 companies have shell corporations where they --  
8 A. Not to my knowledge, no.  
9 Q. That's not the case here? Okay.  
10 Screening receptionist, what does a  
11 screening receptionist do at Pharma Medica?  
12 A. A screening receptionist? She would, when  
13 someone comes in the building, she would confirm who  
14 they were, verify their ID, confirm why they were  
15 there. And sometimes they would do an -- I don't  
16 know that it's -- When I say sometimes, we did an  
17 Influenza screen on everyone. Could that be the  
18 screening receptionist? It could.  
19 Q. That wouldn't be the person that actually  
20 tested the blood --  
21 A. No.  
22 Q. -- for the participants screening process?  
23 A. No.  
24 Q. How about a study monitoring paramedic,

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May Reporting Service

1 what do did they do?  
2 A. So, that would be a paramedic who would be  
3 licensed through the State of Missouri who would be  
4 on-site in case anything medical were to happen.  
5 Q. So, is that a requirement at --  
6 A. Also --  
7 Q. Sorry.  
8 A. They would also participate as dosers.  
9 So, they might does the subjects, as well.  
10 Q. Were they required to be there by  
11 regulations, or by law, or do you know?  
12 A. I don't know if it's a law. But when we  
13 are dosing subjects, we want to make sure that  
14 they're safe. And having medically-trained personnel  
15 there at all times is important.  
16 Q. Were there any study monitoring paramedics  
17 there during Study 1 or Study 2?  
18 A. I don't have the staff list in front of  
19 me. I would think that there would have been, yes.  
20 Q. Well, Caleb Conklin, C-O-N-K-L-I-N, a was  
21 one.  
22 A. Caleb is a paramedic, yes.  
23 Q. Was he there during Study 1 or Study 2?  
24 A. I don't recall.

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May Reporting Service

1 Q. Okay. And you don't know if there was a  
2 study monitoring paramedic present during Study 1, or  
3 during Study 2; am I correct?  
4 A. I've not seen the -- You know, I don't  
5 have access to the staffing list of who was there --  
6 Q. It's right there in front of you.  
7 A. -- that day.  
8 Q. As far as who was there that day? Okay.  
9 A. Yeah. So if you're asking me who was in  
10 the clinic those days, I don't know who was in the  
11 clinic. Is it routine that we had a paramedic there?  
12 Yes. We commonly had paramedics, or nurses, or  
13 someone who is medically trained who could respond in  
14 an emergency.  
15 Q. Yeah. That's what I'm getting at. Was  
16 there always a paramedic there?  
17 A. There should be someone who was medically  
18 trained, whether it's a paramedic paragraph or a  
19 nurse.  
20 Q. Who was in charge of making sure the  
21 interns and phlebotomists did not reuse needles, if  
22 anyone?  
23 A. When they first were -- Before they worked  
24 on the studies, they would do the blood-borne

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May Reporting Service

1 pathogen training. They would be trained, typically,  
2 by the group leader staff on procedures, how to draw  
3 blood, how our procedure goes. And then when they  
4 were drawing blood, they are responsible for their  
5 own work. But the group leader was typically there  
6 at the blood draw table watching them draw blood  
7 to --  
8 Q. That's what I was getting at?  
9 A. -- confirm that they were doing it  
10 appropriately.  
11 Q. During the blood draw times --  
12 A. Uh-huh.  
13 Q. -- who did you say was monitoring?  
14 A. Typically, the group leader. Commonly  
15 there would be a quality control person there, as  
16 well. Sometimes a study coordinator.  
17 Q. You said typically. Was there always  
18 someone there monitoring, and watching the  
19 phlebotomists, and the interns during the blood draw  
20 process?  
21 A. I would say the majority of the time, yes.  
22 Q. Okay. And when you say majority, that  
23 could be 51 percent. What percent --  
24 A. I wasn't there for every blood draw. Can

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May Reporting Service

1 I say that someone was always there? Someone --  
2 Typically, the practice is, yes, there should be a  
3 supervisor there at the table monitoring the blood  
4 draws to make sure they're done appropriately.  
5 Q. Okay.  
6 A. So, that was the common practice that was  
7 done.  
8 Q. Okay. But back to the question: Do you  
9 know what percentage of the time there was actually  
10 someone there --  
11 A. I couldn't guess.  
12 Q. -- other than there should've been?  
13 A. I couldn't guest a percentage of the time.  
14 Q. Okay. Okay. Do you have any -- Let's  
15 see. Any negative marks against your medical license  
16 from any medical or nursing association from any  
17 state?  
18 A. No.  
19 Q. And you said you've been sued a couple  
20 times before?  
21 A. Correct.  
22 Q. Do you remember the name's of the  
23 Plaintiffs?  
24 A. The first one was long ago enough I don't

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May Reporting Service

1 recall.  
2 Q. Where was that?  
3 A. It was in Hazelwood.  
4 Q. Okay. And the second one?  
5 A. The second one, Melanie Tate Sacarro.  
6 Q. Where was that one?  
7 A. That was in Kansas City.  
8 Q. Z-A-C-A-R-R-O?  
9 A. S-A-C-A-R-R-O, I believe.  
10 Q. In Kansas City?  
11 A. Yes.  
12 Q. All right. And I'm sometimes embarrassed  
13 to ask this question, but I have to. Do you have any  
14 criminal record to your credit where you've pled  
15 guilty, or been found guilty of a crime?  
16 A. No.  
17 Q. Including anything from a parking ticket  
18 to a multiple homicide?  
19 MS. DREW: Object to the form.  
20 Q. (BY MR. WENDLER) Anything.  
21 MS. DREW: Object to the form of the  
22 question. It's an improper question. Felony or  
23 misdemeanors that go to the issue of honesty.  
24 Q. (BY MR. WENDLER) Go ahead.

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May Reporting Service

1 MS. DREW: You can answer as to  
2 those.  
3 MR. WENDLER: No. No. No. I'm not  
4 limiting it to those.  
5 MS. DREW: Yeah, you are.  
6 MR. WENDLER: No, I'm not. That's  
7 not my question. That's your question.  
8 Q. (BY MR. WENDLER) My question is: Do you  
9 have any crimes?  
10 MS. DREW: And I'm saying, by law,  
11 she doesn't have to reveal --  
12 MR. WENDLER: This is discovery.  
13 MS. DREW: -- parking tickets.  
14 MR. WENDLER: This is discovery.  
15 MS. DREW: Right.  
16 MR. WENDLER: How do I know if she  
17 knows what's a felony?  
18 Q. (BY MR. WENDLER) Just answer the  
19 question, please. If the answer is none, it's  
20 simple.  
21 A. I believe I've had a speeding ticket years  
22 ago.  
23 Q. Okay. Anything else?  
24 A. No.

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May Reporting Service

1 Q. And the speeding ticket was in Missouri?  
2 A. Yes.  
3 Q. Okay. Since this case may go to trial  
4 here in the St. Louis area, do you have any relatives  
5 with the last name other than Jordan?  
6 A. My maiden name is Maddex, M-A-D-D-E-X.  
7 Q. Any others, including in-laws, cousins  
8 in-law?  
9 A. My in-laws' last name is Jordan. Of my  
10 immediate family, I have -- My mom has a cousin who  
11 lives in St. Peters, but I don't have other immediate  
12 family, besides my parents, in the St. Louis area.  
13 Q. Okay. The cousin in St. Peters?  
14 A. That last Ewalt, E-W-A-L-T.  
15 Q. And since your practice is in St. Charles,  
16 you probably have a pretty wide range of patients in  
17 this area. Have you ever practiced anywhere, other  
18 than in St. Charles?  
19 A. So, I've practiced in Hazelwood, Missouri.  
20 Q. By yourself?  
21 A. With Mercy Medical Group.  
22 Q. Okay. And you were in Kansas City for a  
23 while; right?  
24 A. Yes.

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May Reporting Service

1 Q. I don't need to ask about that. All  
2 right. I think I am just about done here. But is  
3 there anything else about this case, Dr. Jordan, that  
4 you think is important that we have not discussed?  
5 A. I don't think so. I think we've talked  
6 about a lot.  
7 Q. Okay.  
8 MR. WENDLER: Just one second.  
9 (Whereupon, an off the  
10 record discussion was  
11 held, which by direction  
12 was not stenographically  
13 reported.)  
14 Q. (BY MR. WENDLER) At Anderson Hospital,  
15 Dr. Jordan, do you know if Louis spoke to anyone at  
16 the hospital, either through hearing him speak, or  
17 him telling you he spoke to someone?  
18 A. He didn't -- I don't recall that he told  
19 me that he spoke to anyone. And when we were at  
20 Anderson Hospital, I was in the room with  
21 Mr. Wallace, and so I don't know what Louis was  
22 doing.  
23 Q. But you rode road back from Maryville,  
24 Illinois to St. Charles with him; correct?

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May Reporting Service

1 A. Uh-huh.  
2 Q. Yes?  
3 A. Yes.  
4 Q. Did he say anything about any  
5 conversations he had when you were --  
6 A. I don't recall.  
7 Q. -- en route back to St. Charles? You  
8 don't recall.  
9 A. I don't recall if he did.  
10 MR. WENDLER: That's all the  
11 questions I have for today. But I am not closing out  
12 the deposition. I'm reserving the right to reconvene  
13 after the Court rules.  
14 MS. DREW: We're going to read and  
15 sign.  
16 What that means, Doctor, is that  
17 when it's typed in a booklet form, I will send that  
18 to you. You will need to read it. There will be an  
19 errata sheet where you can make changes. And you'll  
20 only have 30 days in which to make the changes, to get  
21 that back. And that signature, errata sheet will  
22 also have signature page that you'll have to sign.  
23 And you'll have to sign with a notary public.  
24 A. Okay.

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May Reporting Service

1 \* \* \* \* \*

2 [Witness excused.]

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May Reporting Service

1 COMES NOW THE WITNESS, HEATHER JORDAN,  
2 M.D., and having read the foregoing transcript of the  
3 deposition taken on the 30th day of July, A.D., 2019,  
4 acknowledges by signature hereto that it is a true  
5 and accurate transcript of the testimony given on the  
6 date hereinabove mentioned.  
7  
8  
9 \_\_\_\_\_  
10 HEATHER JORDAN, M.D.  
11  
12  
13 Subscribed to before me this \_\_\_\_\_ day of  
14 \_\_\_\_\_, 2019.  
15  
16  
17  
18  
19 \_\_\_\_\_  
20 [Notary Public]  
21  
22 My Commission Expires: \_\_\_\_\_  
23  
24

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May Reporting Service



1 I, Kimberly A. Harris, Certified Shorthand  
2 Reporter and Notary Public of the County of Madison,  
3 State of Illinois, do hereby certify that HEATHER  
4 JORDAN, M.D. came before me on the 30th day of July,  
5 A.D., 2019, at the offices of Hinshaw & Culbertson  
6 LLP, 701 Market Street, Suite 1375, St. Louis,  
7 Missouri, 63101, and swore before me to testify to  
8 the truth, the whole truth, and nothing but the truth  
9 regarding her knowledge touching upon the matter in  
10 controversy.  
11 I do further certify that I did take  
12 stenographic notes of the questions propounded to  
13 said witness and her answers thereto and that said  
14 notes were afterwards transcribed by computer-aided  
15 transcription under my direction and supervision. I  
16 do further certify that the attached and foregoing is  
17 a true, correct, and complete copy of my notes and  
18 that said testimony is now herewith returned.  
19 Dated this 10th of September, A.D., 2019,  
20 and given under my hand and seal.  
21  
22  
23 -----  
24 KIMBERLY A. HARRIS, CSR

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May Reporting Service

1  
2 COURT REPORTER'S CERTIFICATION OF CERTIFIED QUESTIONS  
3  
4 I, Kimberly A. Harris, Certified Shorthand  
5 Reporter, do hereby certify that the following  
6 questions appearing on said pages were asked as shown  
7 in my stenographic notes. I further certify that  
8 said questions in the following proceedings is true  
9 and correct.  
10  
11 \* \* \* \* \*  
12 PAGE 115 LINE 10  
13 Q. (BY MR. WENDLER) And I would like you to  
14 read through that, and tell me what parts, if  
15 anything, of that you agree with, starting with --  
16 You don't need to read his background and  
17 credentials. But in the narrative section starting  
18 on Page 2?  
19 MS. DREW: I'm going to instruct her  
20 not to answer. She has not reviewed any of the  
21 medical records that he has reviewed in this case.  
22 She's not being presented as an expert witness. And  
23 I'm instructing her not to answer.  
24 MR. WENDLER: You can't instruct her

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May Reporting Service

1 not to answer unless you're claiming a privilege.  
2 MS. DREW: You're asking for expert  
3 testimony.  
4 MR. WENDLER: Again, unless you're  
5 claiming privilege, you cannot instruct her not to  
6 answer the question. That's the rules.  
7 Q. (BY MR. WENDLER) So, go ahead and read  
8 through the narrative section, and tell me if you  
9 disagree with anything that that expert wrote?  
10 A. I would say I have not reviewed any of the  
11 documents that he's listed.  
12 Q. And that's -- I understand that. I'm not  
13 suggesting that you have.  
14 A. I can read the narrative, but I feel like  
15 I'm at a disadvantage when I have not reviewed any of  
16 the background --  
17 MS. DREW: Doctor --  
18 A. -- that he has.  
19 MS. DREW: Doctor, if you can't  
20 comment, one way or the other, that's a perfectly  
21 appropriate answer.  
22 A. Okay.  
23 MS. DREW: You don't have to give an  
24 answer, and say what you agree or disagree with since

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May Reporting Service

1 you've already established in direct testimony that  
2 you're not an expert in Hepatitis C.  
3 A. I am not an expert. And he's had 27 items  
4 of review that I've not reviewed.  
5 Q. (BY MR. WENDLER) Okay. And I -- I am not  
6 suggesting that you have reviewed it. I just want to  
7 know if there is anything in the expert's report that  
8 he says that you say, 'I know that's wrong.'  
9 MS. DREW: Objection.  
10 Q. (BY MR. WENDLER) Without reading the  
11 records, without reviewing anything --  
12 MS. DREW: Object to the form of the  
13 question.  
14 Q. (BY MR. WENDLER) -- If you can tell me  
15 something that he wrote that --  
16 MS. DREW: Object to the form of the  
17 question; speculation.  
18 MR. WENDLER: Would you let me  
19 finish, please?  
20 MS. DREW: Sure.  
21 Q. (BY MR. WENDLER) I want to know if there  
22 is something he wrote that you, as you sit here  
23 today, without reading any of the records, without  
24 reviewing anything that he's looked at, that you can

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1 tell me that you say, 'I know he's wrong.' That's  
 2 all I'm asking?  
 3 MS. DREW: Object to the form of the  
 4 question; calls for speculation; calls for improper  
 5 medical testimony, and expert testimony.  
 6 Q. (BY MR. WENDLER) Go ahead.  
 7 A. I would say this is seven pages with a lot  
 8 of detail that I can't specifically --  
 9 Q. I'm just asking you about the narrative,  
 10 the narrative section.  
 11 A. Well, when I look at this, "Mr. Wallace  
 12 screened at Spaulding Medical on May 18 and 22nd." I  
 13 don't know that to be true. Is it incorrect? I  
 14 don't know that it's incorrect, but I don't have  
 15 information to know that that's true.  
 16 Q. And that's what I'm getting at. If there  
 17 is something in here that you know is incorrect, I'm  
 18 not asking you that you agree with everything else.  
 19 I'm just saying, read this, and tell me if there is  
 20 something in here that you know is incorrect. Not  
 21 necessarily that you agree with everything else he  
 22 wrote?  
 23 MS. DREW: Well --  
 24 A. Well, I don't know that he screened at  
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1 Spaulding so I can't say that -- that I know to be  
 2 true. I don't know that to be true.  
 3 MS. DREW: I'm going to object to  
 4 this.  
 5 Q. (BY MR. WENDLER) Again, therefore, you  
 6 cannot say it's incorrect or correct? And I don't  
 7 care about that. What I want to know is if there is  
 8 something that he wrote that you say, 'I know that is  
 9 incorrect.' Tell me what it is?  
 10 MS. DREW: You know what? I'm going  
 11 to object to the question. I'm going to instruct her  
 12 not to answer. And you can take it up with the  
 13 judge. Certify the question. Go for it.  
 14 Q. (BY MR. WENDLER) Well, are you going to  
 15 refuse to answer this question?  
 16 A. I'm going to follow my -- the advice of my  
 17 attorney.  
 18 Q. Okay. And therefore, not answer the  
 19 question?  
 20 A. Yes, I will not answer the question.  
 21 MR. WENDLER: Okay. The questions  
 22 will be certified. And that would include all the  
 23 questions relative to the narrative section of Dr.  
 24 Hull's report.  
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1 \*\*\*\*\*  
 2 PAGE 119 LINE 22  
 3 Q. (BY MR. WENDLER) How about in the  
 4 Hepatitis C section, can you go there, starting on  
 5 Page 3? Bottom of Page 3?  
 6 MS. DREW: Same objections. She's  
 7 already testified that she's not an expert in  
 8 Hepatitis, and asking her to speculate in a field  
 9 that she's not trained in is inappropriate. It's an  
 10 improper question. It's asking for expert testimony.  
 11 And I'm going to instruct her not to answer.  
 12 Q. (BY MR. WENDLER) Are you again not going  
 13 to answer the question based on the advice of --  
 14 A. Correct.  
 15 Q. -- Ms. Drew?  
 16 A. I am not going to answer based on the  
 17 advice of my attorney.  
 18 Q. Okay. And just so we're clear, if I take  
 19 this up with the judge, and the judge says you have  
 20 to come back here and answer these questions, and  
 21 maybe pay my attorney's fees for having to come back  
 22 here to do that, you're willing to take that risk?  
 23 MS. DREW: Brian, I am the one  
 24 that's willing to take that risk.  
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1 MR. WENDLER: I'm not talking to  
 2 you. I'm talking to her.  
 3 MS. DREW: She is my client. You do  
 4 not talk to her. You talk to her through me. I am  
 5 representing her. She is a former employee. If you  
 6 want to violate ethical rules, go ahead and talk to  
 7 my client directly.  
 8 MR. WENDLER: Teri, all I'm saying  
 9 is when I ask her a question, I don't want an answer  
 10 from you. You can object all you want. I want  
 11 answers from her, or you tell me she's not going to  
 12 answer.  
 13 MS. DREW: She doesn't have to  
 14 answer about who's going to take care of any  
 15 attorney's fees. She's being represented through her  
 16 capacity as a former employee of Pharma Medica.  
 17 Trying to infer that she personally is responsible  
 18 for fees is inappropriate, and you know that.  
 19 MR. WENDLER: I don't know where  
 20 you're even coming from on this because there's a lot  
 21 of inappropriateness going on here, but it's not from  
 22 my end.  
 23 Q. (BY MR. WENDLER) But anyway, back to the  
 24 report, Hepatitis C section, ma'am, you're not going  
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<p>1 to answer any questions about whether you disagree</p> <p>2 with that; am I correct?</p> <p>3 A. Correct.</p> <p>4 Q. And you're not going to tell me if the</p> <p>5 statement, Hepatitis C is a disease of the liver</p> <p>6 caused by the Hepatitis C virus? You won't tell me</p> <p>7 if you agree or disagree with that?</p> <p>8 MS. DREW: I instruct the witness</p> <p>9 not to answer.</p> <p>10 MR. WENDLER: Okay. Certify that</p> <p>11 entire section of questions on the Hepatitis C</p> <p>12 section.</p> <p>13 * * * * *</p> <p>14 <u>PAGE 122 LINE 8</u></p> <p>15 Q. (BY MR. WENDLER) Moving onto the</p> <p>16 discussion section. Again, I would ask that you read</p> <p>17 through that, and tell me if there is anything in</p> <p>18 there that you disagree with that Dr. Hull wrote?</p> <p>19 MS. DREW: I am going to instruct</p> <p>20 Dr. Jordan not to answer the question. It's an</p> <p>21 inappropriate question, and asks her to assume</p> <p>22 evidence that she does not have. It causes her to</p> <p>23 speculate. And it's improper trying to get her to</p> <p>24 comment as a medical provider who's already testified</p> <p style="text-align: right;">153</p> <p style="text-align: center;">May Reporting Service</p>	<p>1 A. Yeah.</p> <p>2 Q. -- Ms. Drew?</p> <p>3 A. Yes.</p> <p>4 Q. Okay.</p> <p>5 * * * * *</p> <p>6</p> <p>7</p> <p>8</p> <p>9</p> <p>10</p> <p>11</p> <p>12</p> <p>13</p> <p>14</p> <p>15</p> <p>16</p> <p>17</p> <p>18</p> <p>19</p> <p>20</p> <p>21</p> <p>22</p> <p>23</p> <p>24</p> <p style="text-align: right;">155</p> <p style="text-align: center;">May Reporting Service</p>
<p>1 her area of expertise is not Hepatitis, to comment on</p> <p>2 an expert who's basing his opinions, discussions on</p> <p>3 records that Dr. Jordan has not had an opportunity to</p> <p>4 review, evaluate, and/or consider.</p> <p>5 Therefore, I'm instructing her not</p> <p>6 to answer.</p> <p>7 Q. (BY MR. WENDLER) And again, you're not</p> <p>8 going to answer based on the advice of Ms. Drew?</p> <p>9 A. Correct.</p> <p>10 Q. All right.</p> <p>11 MR. WENDLER: Again, certify that</p> <p>12 section of questions on the discussion section.</p> <p>13 * * * * *</p> <p>14 <u>PAGE 123 LINE 6</u></p> <p>15 Q. (BY MR. WENDLER) Then finally on the</p> <p>16 conclusions section, Dr. Jordan, Dr. Hull has listed</p> <p>17 three opinions there. Can you read through those</p> <p>18 opinions, and tell me if you agree or disagree with</p> <p>19 those conclusions that he -- that is there in the</p> <p>20 conclusion section?</p> <p>21 MS. DREW: Same objections as</p> <p>22 before. And I'm instructing her not to answer.</p> <p>23 Q. (BY MR. WENDLER) And again, are you not</p> <p>24 going to answer based on the advice of --</p> <p style="text-align: right;">154</p> <p style="text-align: center;">May Reporting Service</p>	